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ON STATE OF THE TOTAL OF THE TOTAL DIRECTOR.  TO PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOUS.  DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET.	male	4. RACE White	Sept 4	1939 6.	AGE (IN YEARS IF U LAST BIRTHDAY) MON 41 YRS.			2c. DATE PRONOUNCED DEAD	5-8-8	YEAR 1 1d	#105R
WITHIN STATES	To BIRTHPLACE FOREIGN COUNT Mary	land	76. CITIZEN OF V	S.A.	MARI	RIED NEVER /	MARRIED	Baltimorecity  Baltimore	_	DEATH	MD
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SEGULD AND A SET	USUAL RESIDEN 130. STATE Maryla	nd Hov	OR OTHER INSTITUTION, NTY Ward	13c. CITY OF		13d. INSIDE CITY LIA	13° STRI	old Lib	erty Road		
18 KIN	14 FATHER'S NA FIRST Howa		MIDDLE S.	Ad	ams Sr.	IS MOTHER'S /		MIDDLE S.	Моз	rey	
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TO FUNERAL DIRECTOR: PARTIENDE STANDARD SEATIMORE, MARYLAND, 2	2	sulted from. Not	urol couses	Test Control	Suicide L	Homicide	, Undete	ermined manner	DATE SIGNED	5-9-81	6 100
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10	FOR 1- STATE	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIENE	12221
	REGISTRAR  1. DECEASED NAME FIRST	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH  REG.  20. DATE KNOWN	
SS. SS. FI	(TYPE OR PRINT) Louis	se R (Liggins)	Adams OF ESTI-	5 14 <sub>19</sub> 81
RY, PLEA DIRECTO IN FILE HOU STREIL	3. SEX 4. RACE black	S. DATE OF BIRTH NONTH DAY YEAR LAST BIRTHDAY NON 10 10 29 51 YRS.	UNDER 1 YR. IF UNDER 24 HRS. 24 DATE OF THIS DAYS HOURS MIN PRONOUNCED DEAD	5 14 19 81 3:45
INGERSA	M BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	The CITIZEN OF MANAGE OF THE PARTY OF THE PA	RIED MEVER MARRIED	Y OR COUNTY OF DEATH PM
PAGE 5	Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  St. Agnes Hospital	FOR MOST OF WORKING LIFE)	
21201 AND 3 T RETAIN HOULD E	USUAL RESIDENCE (IF IN NURSING HOME OF 136, STATE 136, COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  17Y  13C CITY OR TOWN  Baltimore	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	ton Avenue
RE, MD. EATH. IF ES 1, 2, 1 PM 3. NND 2 SH	Robert	Malker LAST	15. MOTHER'S MAIDEN NAME Julia	Williams
BALTIMORE, S. AFTER DEAT GIVE PAGES I'TH FORM PI PAGES I AND	(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)  166 SOCIAL SECURITY NO.  214-26-2475	John Adams 3319 W.	Caton Avenue
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNDAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 THED, WHITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE, DIVISION OF ATTAL SECORDS, 201 WHETH STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE, DIVISION OF ATTAL SECORDS, 201 WHETH STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE, DIVISION OF ATTAL SECORDS, 201 WHETH STATE DEPARTMENT OF HEALTH AND MENTAL HYGINE, DIVISION OF ATTAL SECORDS, 201 WHETH STREET,	Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.	TE CAUSE (o) NY PET LETISTVE ATTO	arteriosclerotic cardiov	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CLISE ASSE
TAL RECORD HOULD BE EXE RD "PENDING HIEF MEDICA HIEF MEDICA HIEF MEDICA REALTH AS A BI RIAL, CREMA	19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA		20 AUTOPSY? YES □ NO 🛣
ON OF W FFICATE S THE WO TO THE C HOULD BE HOULD BE ARTMENT OR TO BU		HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	
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EXAMINER: 1 THE CERTIFICATE, HOULD BE FORW ALA DIRECTOR: P ATH, WHITHE SIRE, MARYLAND, 2		ge of the remains described obove, held an Autoral causes Accident , Suicide	psy , Inspection XX Inquiry , Hamicide  Undetermined manner  TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 5/15/81
MEDIC KECUTE 1 AGE 4 S S FUNEI FIER DE		cmez R. Guard, M.D.	ADDRESS 111 Penna Street, F	3alto.,MD 21201
BP	236.BURIAL, CREMATION, REMOVAL 2 Burial		OR CREMATORY 23d LOCATION CITY OF TOWN  Mem. Pk. Balto.	COUNTY STATE
2047 DHMH-17 (VR ATS ME (5)) 15M 2/80	24. FUNERAL DIRECTOR	FSPA 1300 Eutaw Pl.	256. DATE REC'D. BY REGISTRAR 256 R. MAY 1 8 1981	

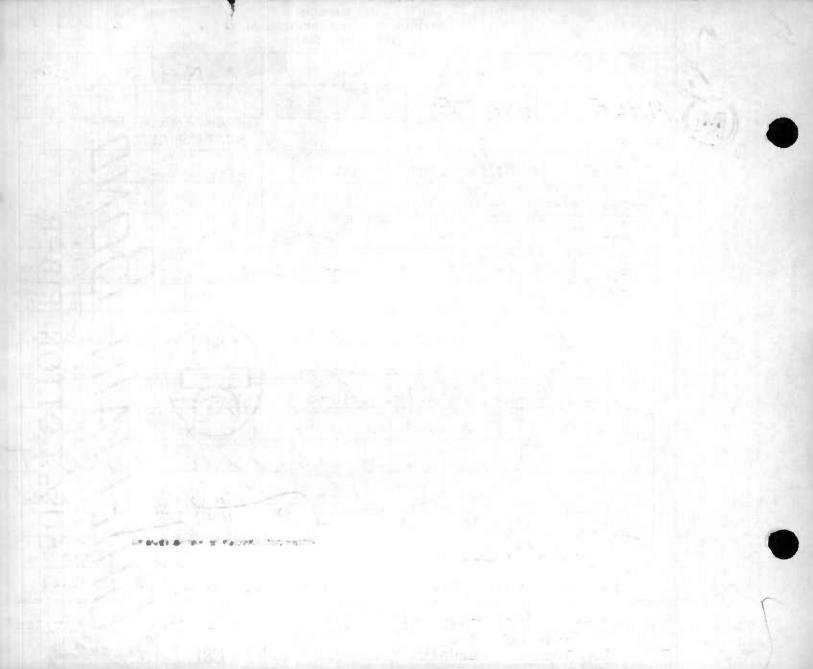
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1	1	dia	Ca	4	U
CERTIFICATE OF DEATH	250 .10					

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He H		226. SIGNATURE	٨	1 , , ,			DEGREE				22c DATE	SIGNED
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¥-	230	BURIAL, CREMATION	A REMOVAL	123b. DATE	23c h	NAME OF C	EMETERY OR CREM		23d. LOCATION		No. of London	
	(	Buria]		5/19/	4	ak L			CITY OR TOWN	Baltin	YTAUC	STATE MD.
	7A E	UNERAL DIRECTOR	Duda			ak L		25a, DATE	REC'D. BY REGISTRAF			
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213-3-122b Mrs. Barbara Hansen-3351 Keswick Rd. 21211

5/25/8I Foolar Street Church Cum

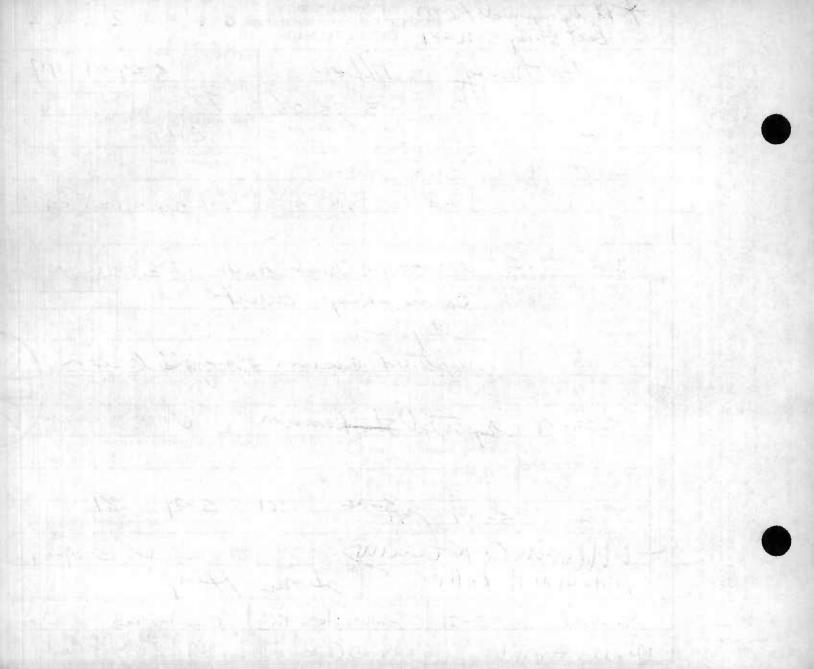
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offer de		ITY OR TOWN OF DEATH  BALLESIDENCE (IF NURSING HOVE)	11. NAME OF HOSPITAL, N  (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRÉSSI	THER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours rottending physicion.  Where this certificate has been signed by the ottending physician and campletely filled in by as the burtal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  orked or frem 18 shows any injury, or other traumatic event, the medical examiner must be as	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A COMMENT	psis	DOCUM RELATED TO THE TERMI	2 SIZMOIS NALDISEASOR CONDIT	Dagion ION GIVEN IN PART 1(r	~
SION OF VITAL RECO	ICAL CERTIFICATION	190. DATE OF OPERATION  5-23-8  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  OR CONTRIBUTI	HOUR A.M. MONTH	DAY YEAR			0b. IF YES, WERE FINDIN N CERTIFYING CAUSES YES N ITEM 18 PART 1 ORPART 2)	
TTEND ortal o	MEDICAL	sow the deceased alive a	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O pitol) ottended the deceased f	FFICE, FARM, ETC.)	ot in (my) (our) opinion d	city or town	1981	
TO HOSPITAL OR AT retained by the hosp to Funder DIREC should be detached to with the State Dept. OWNETANT: If them State Dept.	,	122d. PHYSICIANS NAME, LIYPE MARJI A	ma Kot J. H. Kott	220	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	1///-2	9-81
BP		BURIAL, CREMATION, REMOVA	23b. DATE 6-3-8(	Teawo		23d LOCATION CITY OR TOWN C LLL DY REC'D. BY REGISTRAR 251		URE STATE
(VRA 15, 4)			30.10.1	13451)	( plan.	V 1 1981	programy / HOL	Atomir



1101 E. North Ave.

FOR - STATE

DHMH-16 30M 2/80

(VRA 15, 4)

Wm. C. March F/H

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

5:40a

STATE



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DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	1	lin	d'a	0 "
	CERTIFICATE OF DEATH	REG. 1	NO.			
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CKINLEY	ALLEN		5	31	81	8:20p A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY]	IF UNI	DER 1 YEAR	IF UNDER 24 HRS
	MONTH DAY WEAR			MONTH	SDAYS	MCNOUS AND

4 RACE 3. SEX MALE BLACK Ta. BIRTHPLACE (STATE OF FOREIGN

U.S.A.

JAMES

7b. CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

33 NEVER MARRIED

WIDOWED

BALTIMORE CITY OR COUNTY OF DEATH

47

BALTIMORE CITY 12ª USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

IB CITY OR TOWN OF DEATH BALTIMORE

ADMINISTRATION MEDICAL CE

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FILEN

DIVORCED

13e. STREET ADDRESS 10416A GUILFORD RD JESSUP, MD

4 FATHER'S NAME NATHAN

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS

MARYTAND

PART I. DEATH WAS CAUSED BY

ALLEN 166 SOCIAL SECURITY NO

17 INFORMANT

ADDRESS

WASHINGTON VAMC MEDICAL RECORDS 3900 LOCH RAVEN BLVD

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YEYES UNKNOWN)

214301301 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (a) Possible-mycandial

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES

Canditions, if any, which gave rise to immediate cause (a), stating the

IN MASSIVE ACUTE DUE TO, OR AS A CONSEQUENCE OF

underlying couse last

DUE TO, OR AS A CONSEQUENCE OF

CORONARY ARTERY

DISEASE -PRES UNED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

190 DATE OF OPERATION

CHAUDICATION

78a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

71d INJURY OCCURRED

P.M 21e PLACE OF INJURY

71h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

211. LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

sow the deceased alive an

220.1 certify that (1) (this haspital patended the deceased from 81

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

DEGREE

CITY OR TOWN

DIRECTOR PHYSICIAN

, and that in (m) (our) opinion death accurred on the date and have and from the causes stated

226. SIGNATURE

BURIAL

72d PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

MEDICAL

22c. DATE SIGNED

HUMAS H1661NS 230 BURIAL CREMATION, REMOVAL

above, K (we) (did) (MOVID) view the body ofter death

3900 LOCH RAVEN BLVD 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

23d. LOCATION Allen Washington Cem.

Jessup, Anne Arundel, Md. 25a. DATE REC'D. BY REGISTRAR 251 EGISTRAR'S SIGN

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

18 sh

6-5-81

246 N. Washington Street George R. Snowden Rockville, Md. 20850

6-5-81 Willen Washington Cem. Jessur, Anne Arundel, Dd.

Feorge B. Shooton Pochville, M. 20250

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								REG. NO			
	EASED NAME	JOHN	WIDDIE	LAST		T	2a. DATE OF	DEATH "	нтиог	DAY YEAR	2b HOUR
111160	r canal)	KØK	FRANK	AI	LEN			(	5-0	7-81	7:50
3. SEX		4 R/		5. DATE OF BI		6	AGE (IN YE			IF UNDER 1 YEAR	
	íale		Black	<b>1</b> 2 <sup>TH</sup>	2 DAY 2	9 AR	51		YRS	MONTHS DAYS	HOURS
	THPLACE (STATE OF		US.A.	MARRIED WIDOWED	NEVER MAR	RIED .	BALTIMO	Balt	COUNT	Y OF DEATH	
B	ORTOWN OF DE		NAME OF HOSPITAL, NURSIN IF HE N SUCH FACILITY, GIVE STREET, Church Home H	G HOME OR O	THER INSTITU	TION 1	12a USUAL C	CCUPATIO	N	-	TA
13a. ST/	S.C.	TSING HOME OF OTHE	RINSTITUTION, GIVE RESIDENCE BEFORE  13. CITY OR TOWN  FLORES	N 13d	INSIDE CITY I	IMITS?	3e. STREET A	DDRESS Ervi:	n Ct.		
	HER'S NAME FIRST VIlliam L	. Allen	E LAST	15.	MOTHER'S MA			WIDDLE			st
(YES	AS DECEASED EVER 5. NO OR UNKNOWN)	(IF YES, GIVE WAR	212 26 39	168	Edna S	ulliva	an 62	ADDRES  2 Erv		t.	
1	8 CAUSE OF DEA	TH (Enter anly an	e cause per line far (o), (b), onc	(c) ADVA	NCED	LARGE	CEL	_		BETWEEN	ONSET AND DE
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filling should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 through with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

JAS A. MORTON & 1701 LAURENS

1981

BY REGISTRAR 256. REGISTRAR'S SIGNATUR

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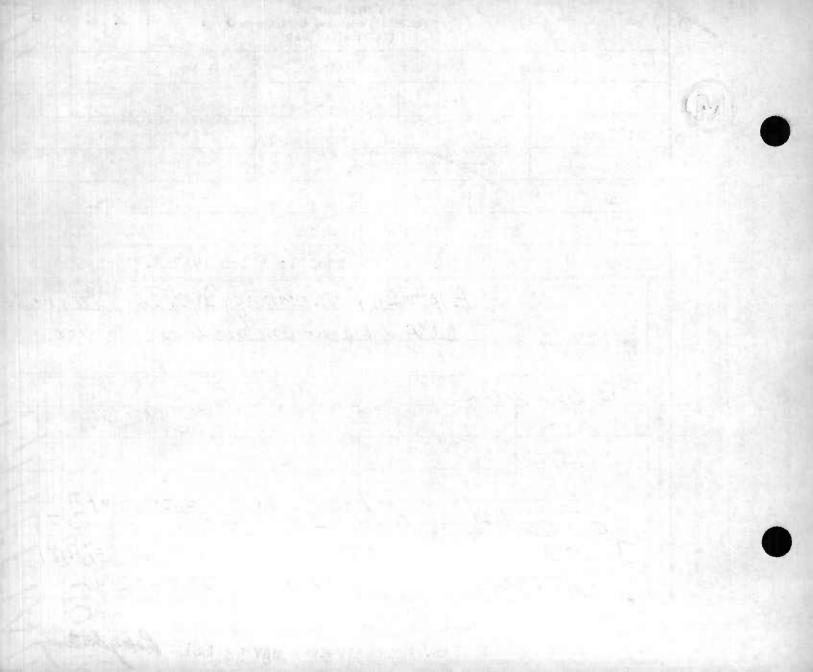
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO REGISTRAR MIDDLE YEAR DECEASED NAME (X) 2h HOUR DATE KNOWN MONTH DAY 81 OF ESTI-(TYPE OR PRINT) H. IF ANY DELAY IS NECESSARY, PLEASE
1, 2, AND 3 TO THE FUNKBAL DIRECTOR.
A 3. RETAIN PAGE 5 FOR YOUR FILES.
22 SHOULD BE FILED, WITHIN 72, POOURS.
ITALRECORDS, 201 W, PRESTON SIRFET DEATH MATED 19 Virginia MARGARET 50 \$ 50 JR 4. RACE IF UNDER 24 HRS DATE YE AR SEX MONTH LAST BIRTHDAY) PRONOUNCED 81 white female 83 DEAD Oct. 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | FOREIGN COUNTRY Baltimore City WIDOWED TO DIVORCED West Virginia 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS ID CITY OF TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) Buena Vista Avenue Baltimore Cotton Mill Spinner USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS VITAL RECC YES V NO Baltimore 3629 Md Buena Vista Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 GES 1, MIDDLE LAST FIRST MIDDLE LAST Virginia GIVE PAC Dempsev Jackson Margaret Grove 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO T. PAGES 1 DIVISION O (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES 215 07 6521 Cory Allen No Same APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ATENDED TO THE CHIEF ATENDED SHOULD BE USED ATENDED. PAGE 3 SHOULD BE USED ATENDED. WHITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. NO XX YES ] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK XX 22a. I certify that I took charge of the remains described above, held on Inspection Autopsy Inquiry and in my opinion Homicide death resulted from: Natural causes Assistant ACTUAL MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE Parkwille, SPECIFY) 5/9/81 Balto. Md Moreland Mem. Park Burial BP 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Burgee Funeral Home 3651 Falls Road 21211 **DHMH-17** 198 (VR A15 ME (5)) 15M 2/80

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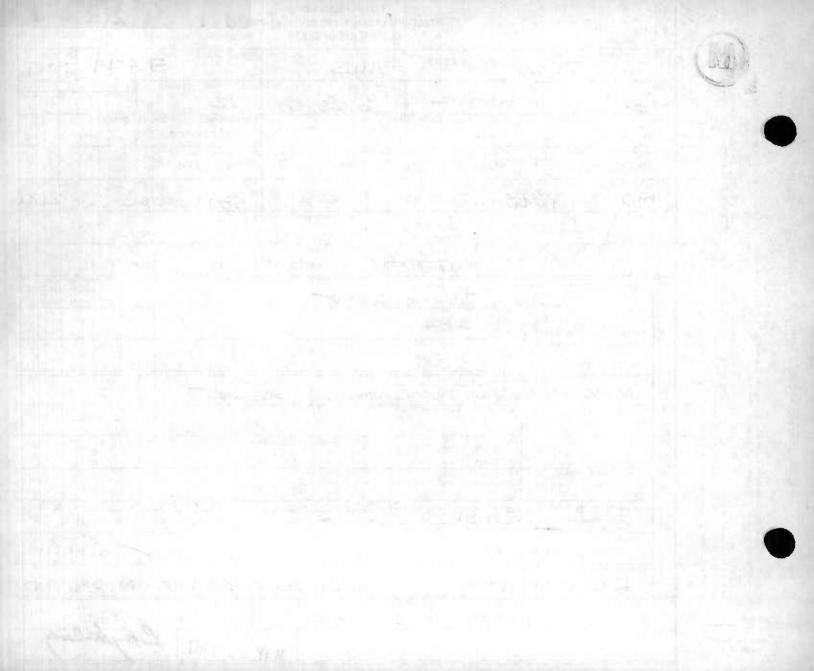
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M w sho de		JURIAL, CREMATION, REMOVA	L 23h DATE	23c NAME	OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY	STATE
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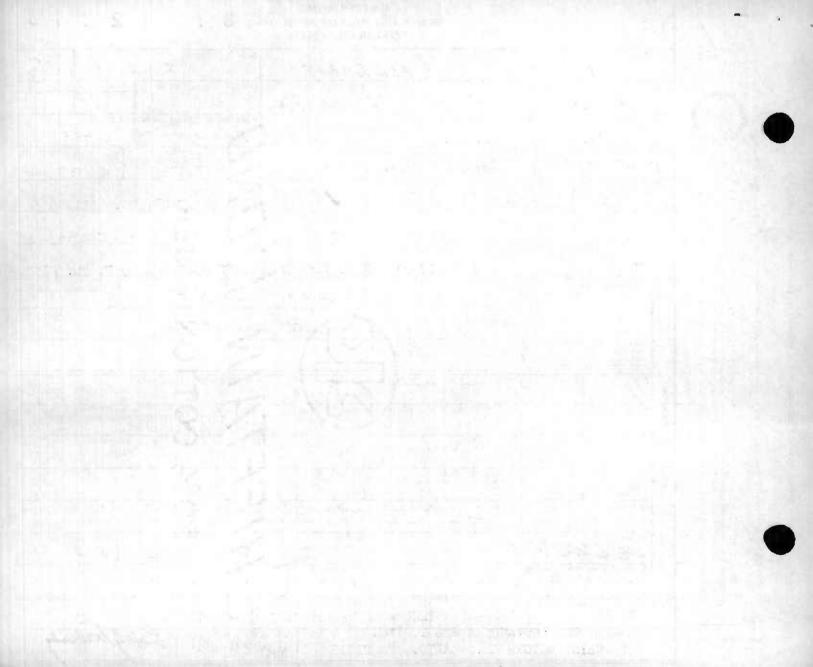
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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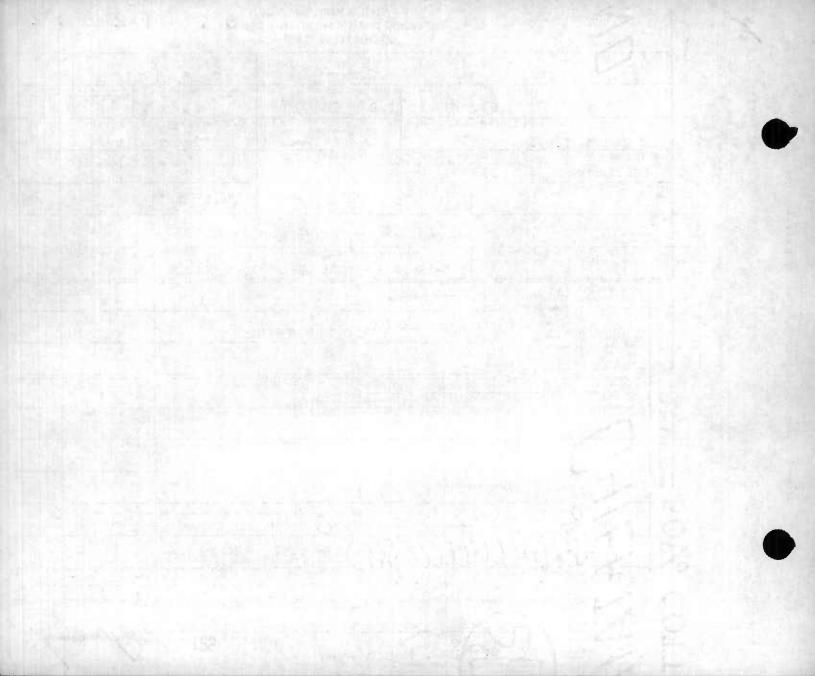
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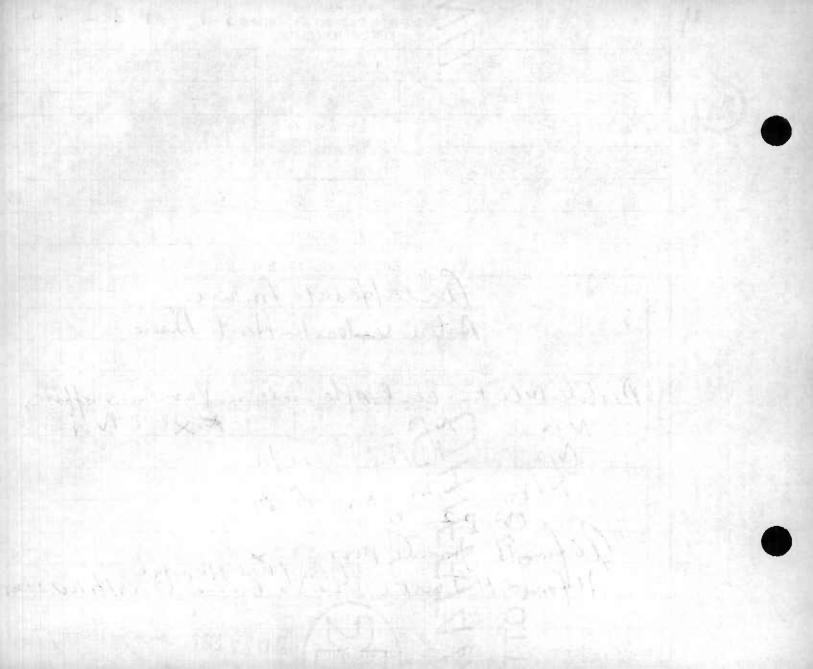
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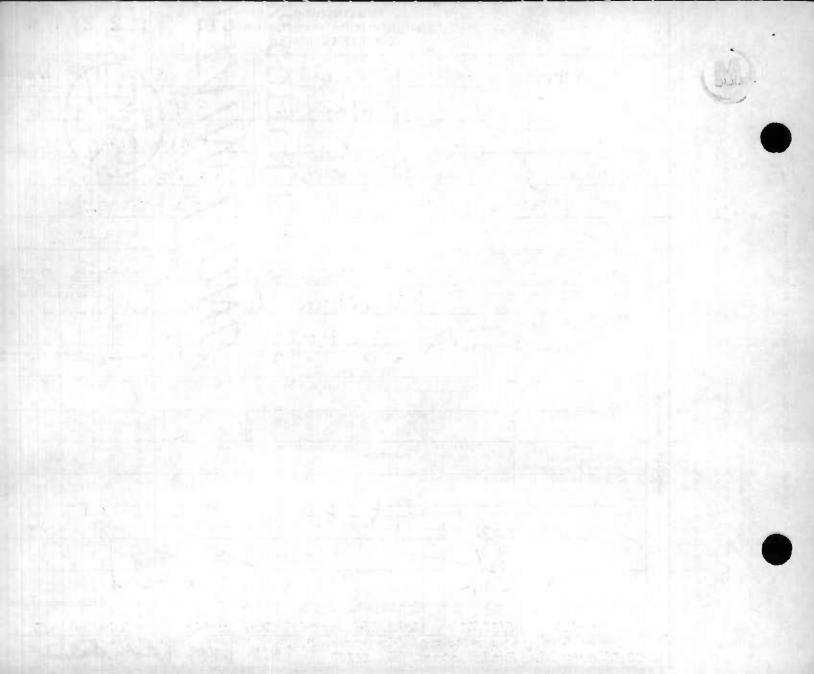
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 2b HOUR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-John Alston 19 81 DEATH MATED YEAR DAY 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED male black 10 81 26, 36 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City Maryland USA DIVORCED WIDOWED 10: CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore University Hospital ISLIAI RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS 13d. INSIDE CITY LIMITS? 225 S. Hilton Street Baltimore Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Susie Wilkins Alston R. Roy 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Susie Bobo 225 S. Hilton Street 219-38-7724 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gun shot wound of neck with complications IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Gun: Unspecified gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CATE, WRITING THE WORD." PEI FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA NAD, 21201 PRIQR TO BURIAL, C 20 AUTOPSY? 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES AX 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 714. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:24AM 4/11 19 81 subject shot 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STATE STREET, FACTORY, FARM, ETC 1 AT WORK AT WORK house 1342 N. Hilton Street, Baltimore, 22a. I certify that I taak charge of the remains described above, held an Hamicide XX Undetermined manner death resulted fram TITLE (SPECIFY) Mn Assistant 5/8/81 SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE Baltimore, Maryland Burial DR BATCIMOTE, 250. DATE REC'D. BY REGISTRAR TO RE Westview Mem. 24. FUNERAL DIRECTOR 1981 **DHMH-17** Wm. C. March F.H./110 E. North Ave. (VR A15 ME (5) 15M 2/80

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In. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	1 71 9 1	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COL	CITY M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS O
\$6 BAltimore	LY HER AN	HOSPITAL	Homemaker	INDUSTRY
USUAL RESIDENCE (IF NURSING HOME)	or other institution, give residence before additione Baltimore	MISSION)  13d INSIDE CITY LIMITS?  YES \( \sigma \) NO \( \frac{1}{4} \frac{1}{4} \)	13e. STREET ADDRESS 6811 Campf	ield Rd.
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
Frank	Rich	Mamie		Muenfeld
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECURITY 166 SOCIAL SECURITY 167 SOCIAL S	$54\ T$ 1708 C. Glen	Arbutus Huggle Keith Blvd., 1	er Baltimore, MD 21
후 요 호 등 PART I. DEATH WAS CAUS	11/1	1. Otrolo	1. 20000 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDI.	ATE CAUSE (a)	actupe 1	un coma u	
Conditions, if any, which	DUE TO, OR AS A CONSEQUENC	EOF CHF -	2 Samis	7
gove rise to immediate couse ioi, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	DE OF	enria!	
	T CONDITIONS CONTRIBUTING TO DEA			GIVEN IN PART 1(0)
CERTIFICATION  Shows on the principle of	19b. CONDITION FOR WHICH OP	ERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The second of th			YES NOW	YES NO
00.000,700,700,00	DEATH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEA	M 16, PART 1 OR PART 2)
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WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	, ETC.) STREET	CITY OR TOWN	COUNTY STATE
± 0	pital) attended the deceased from	5-18-811981	10 7- 4-	, 19
sow the deceased alive of above, (I) (we) (did) (did)	not view the body after death	and that in (my) (our) opinion	deoth occurred on the date and	hour and from the causes stated
		DEGREE	/	22c. DATE SIGNED
22% SIGNATURE	X IA		MEDIT AL STAFF	
F = 00 = 1 = 1	1		MEDICAL STAFF	
Z de do change and the change and th	OR PRINTING AIR	22e ADDRESS SO	MEDICAL STAFF DETRECTOR PHYSICIAN [	
O C E STORIO DE LA COMPANION D	AL 23b DATE 23c. NAM	PHYSICIAN [ 22e ADDRESS CO	O GOLK RO	COUNTY STATE
22d. PHYSICIAN'S NAME (TYPE	AL 23b DATE 23c. NAM	PHYSICIAN [ 22e ADDRESS CO  AE OF CEMETERY OR CREMATORY  eside Memorial Gd	23d LOCATION CITY OF TOWN  8. Eustis	



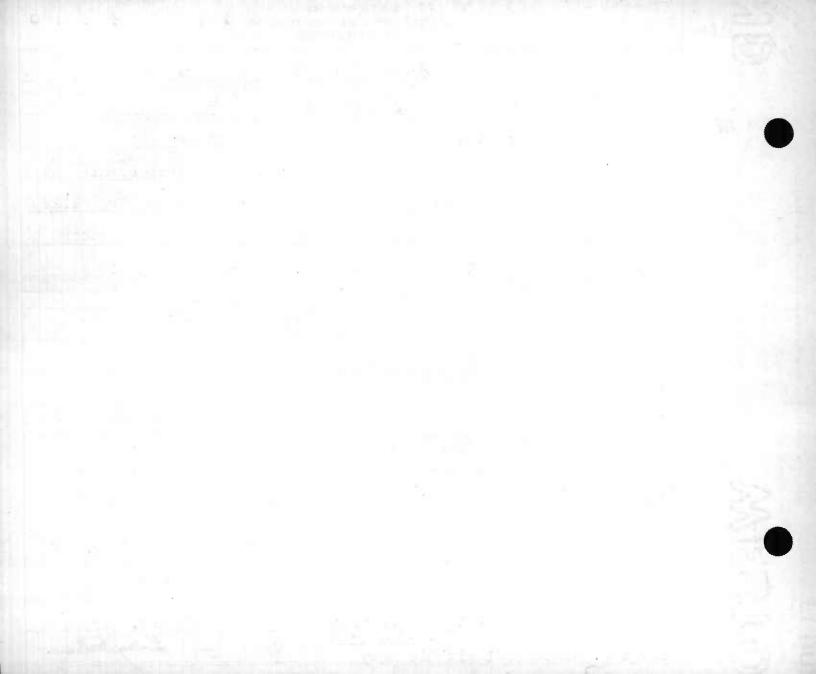
Hubbard Funeral Home, Inc. 41075 Wilkens Ave.

STATE

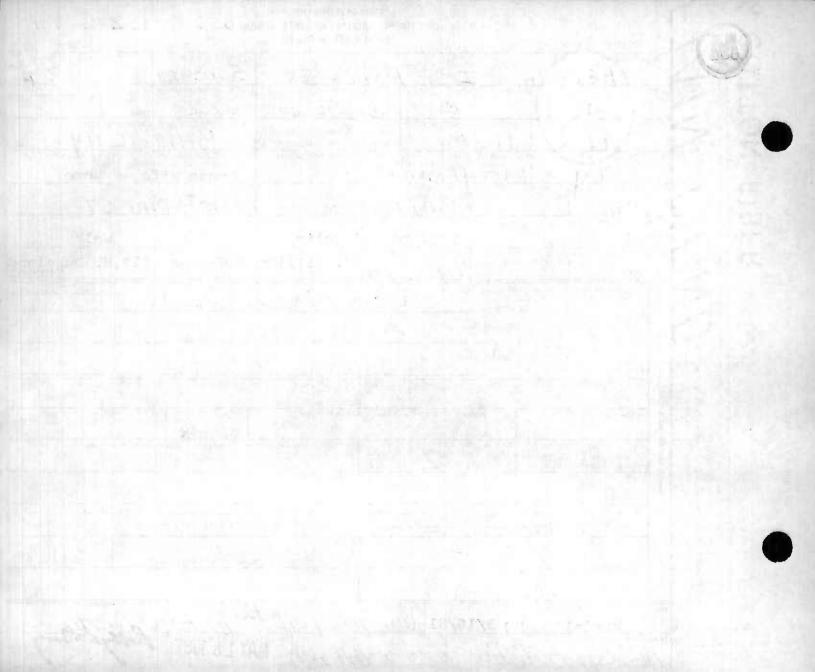
DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 23.1.5 .5-11-131 NOW .300 , 670 Jan 19-130



(NA)	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 1	1 2	2 4 7
ad year		CEASED NAME FIRST OR PRINT) PE COLL	A 14 RACE	MIDDLE	ANI Is. DATE O	DERSON DEBIRTH			YEAR PUNDER 24 HRS
ge 4 m ector,		Female		lack	3		72	YRS.	DAYS HOURS MIN
death. Page uneral direct nin 72 hours of	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	11.5	A A	WIDOWE		BALTIMORE CITY OR	To.CI	TY MD.
offer of the field with		TY OR TOWN OF DEATH	(IF NOT IN SU	HERAX	TADDRESS)	P. OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W House Wi	ORKING LIFE) INDU	CIND OF BUSINESS OR USTRY  Home
YLAND 2120 Thin 24 hours ely filled in by 2 should be fill iner mushe in	130 5	AL RESIDENCE (IF NO SING HOME OF TATE 13b. COUT	R ÖTHER INSTITUTIO NTY	130 CITY OR TO		13d INSIDE CITY LIMITS? YES NO		PIARS	T.
MARYI ompletel		THER'S NAME FIRST ESLEY	MIDDLE	Lunfo	rd	Julia	WIDDIE	Wa	alk
BALTIMORE, I	160 V	TAS DECEMBED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	21405	3 881	Mr. William	Anderson		Dukeland Street
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p ural, cremation, or rema	NO	18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause loll storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, (b)_ DUE TO, (c)_	OR AS A CONSEQU	JENGS OF JENCEJOF JENCEJOF	o pulmon diac au desmi lu not related to the tera	y Chrest yllingi Dout Chre MINAL DISEASE OR CONDIT	19	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
VITAL RECORDS,  IN: The low requir nysicon.  Icote has been sig ronsis permit. Then Hygiene prior to b 8 shows any injury	CERTIFICATION	19a DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	YES NO	N CERTIFYING C. YES 🗌	FINDINGS USED AUSES OF DEATH?
VISION OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	) HOUR /	OF INJURY A.M. MONTH [ P.M. E OF INJURY STREET, FACTORY, OFFICE	19	21f LOCATION STREET	RED (ENTER NATURE OF INJURY I	COUP	
OR ATTENDI he hospital or DIRECTOR A toched for use 5 Dept of Heal		22e. I certify that (I) (this hasp saw the deceased aliye or obove, (I) (wel (did) (elid to 22b. SIGNATURE	1 5	13 19	- 0	d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN I	death accurred an the date	220	, that (I) (we) lost am the causes stated
TO HOSPITAL retorned by 1 retorned by 1 should be det with the State		220 PHYSICIAN'S NAME (TYPE O	10 1	.0		220 ADDRESS	joh Roal	4	1 -101
160 7BP		Burial, Cremation, Removal SPECIFY) Burial		16/81	NAME OF C	EMETERY OR CREMATORY	PARTITUDE	re delle	The STATE
DHMH - 16 50M 1/76		UNERAL DIRECTOR	N. Ha	ADDRESS	- 2/1	Rub The 250 DA	IAY 1 8 1981	hodord	The same of



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		at sye	75 JE 9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH YEAR 2b. HOUR LAST MIDDLE L DECEASED NAME (TYPE OR PRINT) 1981 MAY 2:45A M RUFUS FRANKTIN ANDERSON 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 3 SEX MONTHS DAYS HOURS JUNE NEGRO MALE 1894 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) US of A BALTIMORE CITY MARYLAND WIDOWED DIVORCED 12b. KIND OF BUSINESS OR 13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 10 CITY OR TOWN OF DEATH INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RETIRED CONSTRUCTION BALTIMORE 2434 EDMONDSON AVENUE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136. INSIDE CITY LIMITS? 2434 EDMONDSON AVENUE BALTIMORE YES TO NO MARYLAND 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE BELL MIDDLE LAST FIRST LUCINDA ANDERSON F ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO edical (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) EDMONDSON AVENUE MR. BERNARD ANDERSON 12 9767 WW YES APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a NO O 20h. IFYES, WERE FINDINGS USED 20g AUTOPSY? CERTIFICAT 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F NO YES [ DIVISION OF VITAL 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 71ª PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 4122 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated saw the deceased alive on 47.2-1 abave (I)(we) (did) (did nat) view the bady after death 22c, DATE SIGNED 226. SIGNATURE DEGREE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN [ TANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should be with the MDZZS GREENE ZOSENBER 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a, BURIAL, CREMATION, REMOVAL STATE COUNTY MT. AUBURN CEMETERY BALTIMORE MARYLAND 7/81 BURTAL 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M LEWIS T. CWYNN 4517 PARK HEIGHTS AVENUE (VR A 15 (4) ) 9/74 MAY

2 1 2:15 d. 1, 1 22 a.i. 1000 EN LA SETTE ACA 217 2 2767 ... 22 ... 2131, 2231

Berthard Berthard

5/7/31

(171)

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TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit permitty the State Dept. of Health and Mental Hygiene

OR ATTENDING PHYSICIAN:

TO HOSPITAL

executed pe

3	1	FOR • STATE	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 I	ı	2 2	50
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		CEASED NAME FIRST	WIDDLE		AST	24 DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
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	3 SE		4 RACE	5 DATE C		& AGE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
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E3-	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
Tige I		GUIANA	U.S.A.	WIDOW		PAltimo	re C	, hy	MD.
00	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		12h. MIND C	F BUSINESS OR
是与	B	Baltimore	U.S.P. H.S. Hos	1.1	Baltimore	1 1	RILLAN	Sho	nina
E	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)				/ 1	1
31		md.	= BAHOM		AES (2) NO [	13. STREET ADDRESS 4025 N	Roge	rx A	ve.
X	14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		184	st
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tic even		PART I. DEATH WAS CAUS	only one cause per line far (a), (b), and ED BY.  ATE CAUSE (a)	1 1	failure			BETWEEN	ONSET AND DEATH
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er tr		Conditions, if ony, which	( 1b) Hdult	Respi	ratory distri	ess syndros	ne		
oth		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF			,		
ν, ο		underlying cause last	( Septic	- 1	c/C (Secondo	my Peritoni	45/		
ınjury		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT			ITION GIVEN	IN PART 1	0)
'n	S S	Di Abetter	mellitar.						
ws a	13	198 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W		
\$	CERTIFICATION	5-22-81	Sigmoid box	56/	nertowntion	YES NO	IN CERTIFYIN		NO PEATH?
n 18	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	IN ITEM 18, PART	OR PART 2)	7
Te of	1 4	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
d or	S	214 INJURY OCCURRED	21a PLACE OF INJURY	140	211 LOCATION				
marke	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OF TOW	И	COUNTY	STATE
is			pital) attended the deceased from.	5	16 19 11		<i>c.</i> / 19.	81	that (I) (we) last
2		sow the deceased alive a	in 5-24 19	51.0	nd that in (my) (our) apinion (	death occurred on the do	te and haur ar	nd from the	couses stated
f Ite		278 SJONATURE	/ AC		DEGREE			22c DATE	SIGNED
Ë		Kinneth	Z/ longs	m.	ATTENDING PHYSICIAN	MEDICAL STAF		5.2	4-61
A -	1	274 PHYSICIAN'S NAME ITTE	OEPRINT)		22e ADDRESS				/
APORT		KENNETH L	. Jones m. i	).	Bex ? U.S.	P. H.S. Hosy	. Ba	1time	re 21211

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

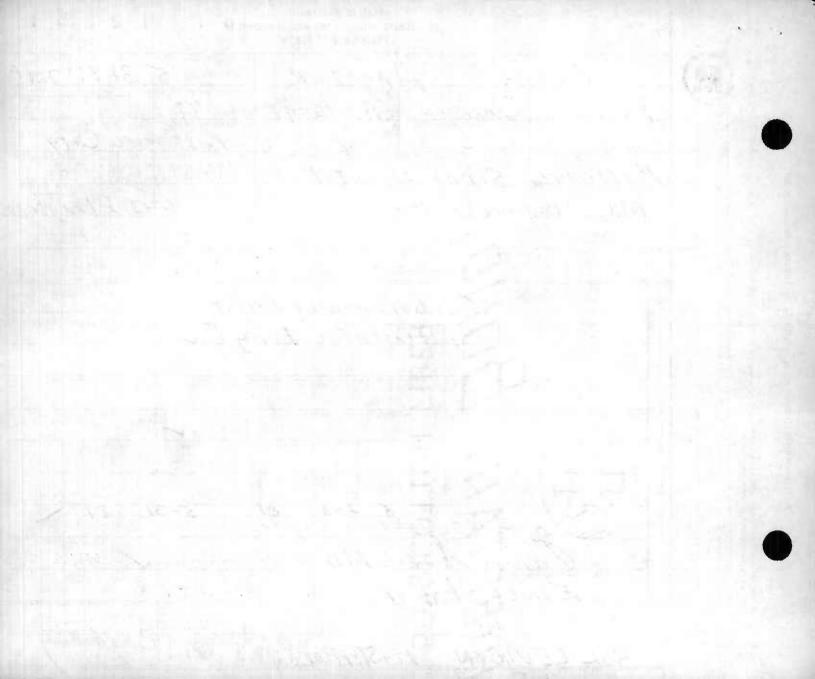
STATE

23d. LOCATION 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M ADDRESS (VRA 15, 4) 1/79

23b. DATE

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rector, porge 3		CEASED NAME FIRST BLS.  X Famale		ASIAN	19 S 5. DATE OF B MONTH	TER 11 1890 XXXXXXX		MONTH DA	Y YEAR  SI  UNDER 1 YEAR  DAYS  DAYS	26 HOUR 2:00 PM  IF UNDER 24 HRS HOURS MIN.
rs ofter death. Per by the function of filed within 72 had notyted as price	C	RIMPLACE ISTATE OR FOREIGN DUNITRY RUSSIA TY OR TOWN OF DEATH  Baltimore	7b CITIZEN OF W	S	WIDOWED THOME OR	DIVER MARRIED DIVORCED DITHER INSTITUTION	P BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE FOR MOST OF HOUSEWI	MO /	1 .	
YLAND 21:	13a. S	Md Ba	MIDDLE	GIVE RESIDENCE BEFORE A 136 CITY OR TOWN LAST	10/C Y	ES NOTHER'S MAIDEN NAM	I3e STREET ADDRESS WE CHAI	431	Elm	21209 A y Dr Aut
TIMORE, MAR  re be executed with the redicol grown  the medicol grown	16a V	LAZER  VAS DECEASED EVER IN U.S. A.  ES, NO ORUNKNOWN)  (IF YES, GI	RMED FORCES? VE WAR OR DATES)	[LVER] 16b SOCIAL SECUR 215-01-8		HINDA INFORMANT MR. 4 SAXONY CT.	JEROME AND		212	NOWN  08
201 W. PRESTON ST., es that the death certifu ned by the ottending ph please remove carbon p urol, cremotion, or remo	NO	PART I. DEATH WAS CAUS	DUE TO, OR	AS A CONSEQUEN  AS A CONSEQUEN	STA	tic Bur	<i>J</i>	DITION GIVE	N IN PART 1(o	
TAL RECOR	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b CONDIT	INTURY		VAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFY YES		GS USED OF DEATH? NO
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or ottending physician. After this certificate has been sig se as the buriol-transit permit. Then solth and Mental Hygiene prior to b marked or item 18 shows any injury	MEDICAL C	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.A. PLACE O	A. MONTH DAY A. DE INJURY ET, FACTORY, OFFICE, FAR	YEAR 19 21 2M, ETC.)	I LOCATION STREET	CITY OR TOW	ν	COUNTY	STATE
by the hospitol by the hospitol By the hospitol BRAL DIRECTOR: e detoched for us Store Dept. of He MANT. If Hem 21 is		22a. I certify that II (this hosp sow the deceased alive a obove. It has it id it is a comparable of the comparable of t	5-31	19 8	i M	e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	te ond hour of	22c. DATE S 6/1/	IGNED
TO HOSE retoined TO FUN should be with the IMPORTY	(	SURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1/CC) 1 23b. DATE 6/2/8	1 7 70		SINAL HUS  ETERY OR CREMATORY  MUNAH	30 LOCATION CITY OR TOWN BALTIM		MAR	STATE YLAND
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	JNERAL DIRECTOR	1/10/501	ADDRESS 8	010	PTOME (25a. DATE	REC'D. BY REGISTRAR	tiof	y Mall	as de



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) Pauline ESTI-TO THE FUNERAL DIRECTOR.
I PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
SS, 201 W. PRESTON STREET, Anzmann 5 81 DEATH MATED 3 SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. YEAR 5. DATE OF BIRTH IF UNDER 24 HRS DAY 2d HOUR DATE DAY PRONOUNCED female. white 81 10:05 DEAD 66 YRS THE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Waruland WIDOWED DIVORCED VI 2 SHOULD BE FILED, VITAL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY St. Agnes Hospital Baltimore 90v'+ Account RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HIL COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Marylana Arbutus YES & 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF WITH LAST MIDDLE LAST Marie hrales Windon 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO 7 INFORMAN (YES, NO. OR UNKNOWN) Dolores APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), Imipramine intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X E 3 SHOULD BE L 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY YEAR 1 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY PRIOR TO UNDERLYING self ingested MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME AT WORK NOT WHILE STREET, FACTORY, FARM. ETC.) 4302 Allen Drive, Apt A, Baltimore City, MD home TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remoins described above, held an Autopsy Inspection XX ond in my opinion Undetermined monner death resulted from: Homicide . TITLE (SPECIFY) ACTUAL 5/24/81 DATE Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto, MD 21201 (TYPE OR PRINT) 23d. LOCATION 23e, BURIAL, CREMATION, REMOVAL 23b. DATE burial athederal Baltimore emeteri BP 1250. DATE REC'D. BY REGISTRAR MAY 2 6 1981 24 FUNERAL DIRECTOR **DHMH-17** 1981 Ambrose Juneral Home (VR A15 ME (5) 15M 2/80

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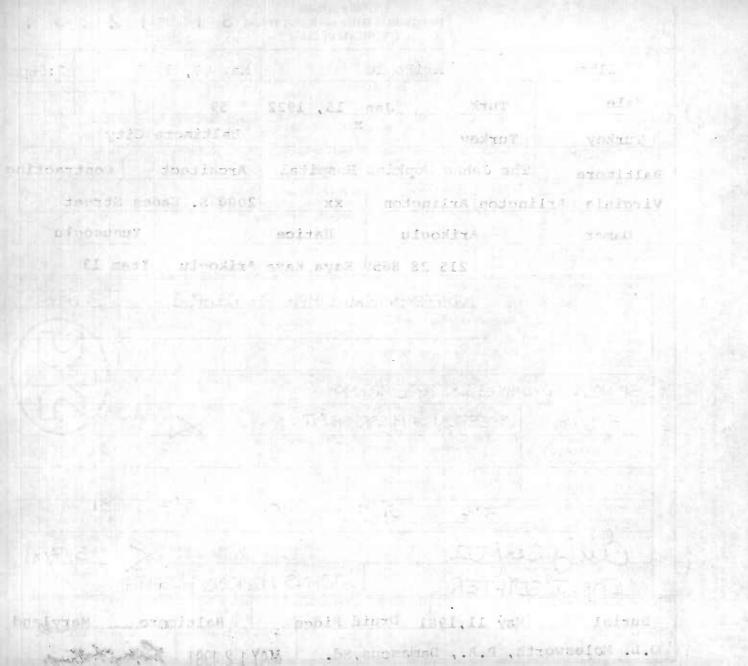
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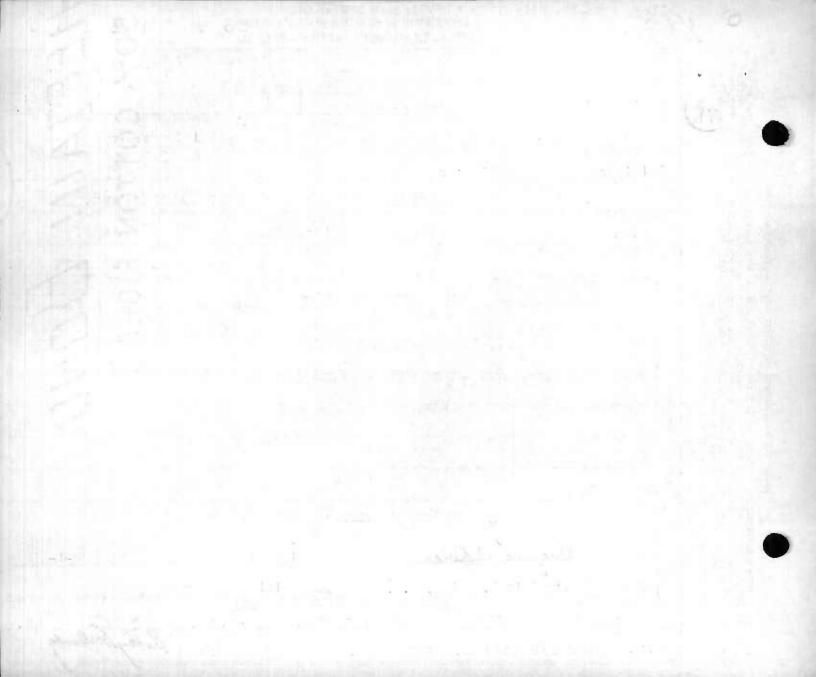
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		/		CEASED NAME FIRST		MIDDLE		AST		20 DATE OF DEAT		AY YEAR	2b HOUR
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w	1 1	1	3. SE	Male	4 RACE	k /	5. DATE C	DAY	1922	6. AGE (IN YEARS LA	ST BIRTHOAY)  YRS.	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
0	and the search of the search o	77		THPLACE (STATE OR FOREIGH OUNTRY) Turkey	7b. CITIZEN OF	WHAT COUNTR	WO 0	NEVER MA		Balti	Y <u>OR</u> COUNTY More Ci		MD.
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BALTIMORE, MARYLAND 21201	mpletely ond 2 sh	01		THER'S NAME FIRST  Damar	WIDDLE	Arikog		15. MOTHER'S Hat	MAIDEN NA/	MIDO	Y	unuso	jlu
IMORE,	n ond co Poges 1	3		/AS DECEASED EVER IN U.S.	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SE 215 2		17. INFORMAN		Arikogl	u It	em 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	res that the death certifical in please the ottending phy in please remove corbon pourial, cremation, or remove vo or other traumatic events.			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse los	DUE TO, O  h  ce le  DUE TO, O  DUE TO, O  ce le  Co  DUE TO, O  Co  DUE TO, O  Co  Co  CO  CO  CO  CO  CO  CO  CO  C	R AS A CONSECUTIVE AS A CONSECUTIVE ON TRIBUTING 1	QUENCE OF	NOT RELATED T		INAL DISEASE OR C			DAYS
L RECORDS	n. hos been sig permit. There	2	CERTIFICATION	SPINAL COR 190. Date of OPERATION 5/6/81	D COMPRES	SION B	CH OPERATIO	HOMA N WAS PERFOR R SHU!N	MED	20a. AUTOPSY?	20b. IF YES	WERE FINDIN	NGS USED
NOFVITA	irSiCIAN: The ding physicio physicio is certificate I buriol-transit Mentol Hygie	9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJU		RED (ENTER NATURE OF	INJURY IN ITEM 18 PA		
DIVISIO	or ottending PHY or ottending After this se os the busingth and M morked or		MEC	WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFI		STREET		CITY	OR TOWN	COUNTY	STATE
•	TEN ortol or us of He			22a.1 certify that (I) (this saw the deceased all above (I) (we) (did) (d 27b. SIGNATURE	re on 5	7 19	81/.	DEGREE	OUT) OPINION OF	death occurred on t	STAFF		
	TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached by with the State Dept of MADORTANT. If hem			ERK J	SEFT	ER			ins H	opkins !		ÀL	
	BP		(	URIAL, CREMATION, REMO SPECIFY) Burial	DVAL 236. DATE	1,198		id Ride	ae		himore.		aryland
D	HMH-16 30M 2/80 (VRA 15, 4)			NERAL DIRECTOR  L. Molesw	orth. P.	A. Da	mascu	5 Md		E REC'D. BY REGIST		RAR'S SIGNAT	URE NAME NO.



0	11.	FOR STATE REGISTRAR	18a-22a	Film G		EPARTA	AENT OF	HEALTH	MARYLAN H AND M CERTIFIC	ENT AL H		- 1		2	2	5	5
	1. D	ECEASED NAM	E FIRST		***************************************	MIDDLE	NAME:	TER 3	LAST	CAILO		a. DATE	REG. NO	O. MONTH	DAY	YEAR	2b. HOUR
O. S.		PE OR PRINT	Iren	ne				Ar	mour			OF	ESTI- MATED X		~ .	19 81	M M
ARY, PLEASE DIRECTOR. FILES.	3. SE	emale	4. RACE Black	5 DATE C	F BIRTH DAY	YEAR	6. AGE (IN YI LAST BIRTHE		HS DAYS	IF UNDER		RONOUN DEAD	ICED	MONTH	DAY	YEAR	2d HOUR 6:18 a.m
GESS.	70 F	BIRTHPLACE (SOREIGN COUNTRY)  BALTIM	STATE OR		N OF WH	AT COUN		8. MARR	IED   NE		ED E	9. BALTIM	ORE CITY O	_	TY OF D	EATH	1 a.m
IF ANY DELAY IS NE. 2, AND 3 TO THE FUN. 3, RETAIN PAGE 5 F SHOULD BE FILED. M. RECORDS, 201 W.	10. 0	Baltimo	OF DEATH	II NAME	OF HOSP		REET ADDRESS)		HER INSTITU	DIVORC	12e USU		TIMOTE PATION (TYP KING LIFE)		126. KIN	ID OF BUI	MD. SINESS IY
21201 F ANY DE AND 3 T RETAIN HOULD B	USU	AL RESIDENCE	MD . 135 COU	E OR OTHER INST		E RESIDENCE	DEFORE ADMISS OR TOWN TIMOR	ION)	13d. INSIDE C	ITY LIMITS?	13e. STRE 25	23 G	SS ARRET	гт А	VE.		
ELSOED &	0	W.S.		MIDDLE		AR	MOUR		ANN	ER'S MAIDE	N NAME LE	MI	DDLE	ВА	RNE	AST S	
ALTIM AFTER SIVE PA H FOR AGES ASISON	160.	WAS DECEASE YES, NO. OR WINKING NO.	D EVER IN U.S. A	ARMED FORCI	ES?	Téb. SOC	IAL SECURIT	Y NO.	ANN	ABEL:	LE A	RMOU	ADDRESS R 252		ARR	ETT	AVE.
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L RECORDS. ULD BE EXEC. "PENDING" "PENDING" F MEDICAL ED AS A BU HEALTH AN	NO	PART 2 DTNER S	IGNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BU	UT NOT RELAT	ED TO THE TERM	AINAL DISEAS	E DR CONDITIDI	N GIVEN IN PAI	RT 1 (c).						
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AKEN AKEN	CALGERI	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF	HO	TIME OF I DUR A.M. P.M.		DAY YEA	R 21c. H	OW INJURY	OCCURRE	D (ENTER N)	ATURE OF INJE	JRY IN ITEM 18	PART 1 OR PA		23 (24)	NO []
DIVISION  DIVISION  TATE, WRITING THE FORWARDED TO  OR, PAGE 3 SHOUT  HE STATE DEPART  IND, 21201 PRIOR	MEDICAL	21d. INJURY ( WHILE AT WORK	NOTALLIA		PLACE OF	F INJURY DRY, FARM, ETC	(AT HOME,		CATION STREET			CITY OR TOV	VN	co	YIAU		STATE
D'A E		220 I certi	ify that I taak cha ted from: Nat	rge of the ren turol causes	50	ribed abav Accident		Autap	, Hamis	Inspection		Inquiry		nd in my o	pinion		
TO MEDICAL EXAMINE EXECUTE THE CERTIFIC PAGE A SHOUND BE FOUNERAL DIRECTO ATTER DEATH, WITH THE BATTIMORE, MARYLAN		ACTUAL SIGNATURE	Un	ginia	Y	Polar			TITLE (S	PECIFY) sistar	1 MEDIC	CAL EXAM	INER	DATE	ED	6-1-8	31
O MEDI XECUTE A AGE 4 O FUNI ALTIMO	× .	EXAMINER'S (TYPE OR PRI	NT) VII	ginia	L. Do				ADDRESS_	11		n Str	eet				
098PT		(SPECIFY)	TION, REMOVAL	236. DATE 6/5/	81				CEM		BA	LTO.		C	Ó.		MD.
DHMH-17 (VR A15 ME (5))		W.C. M	ARCH F	/н 11	O1 E	. No	RTH	AVE.		25a. DATE F	3 _	1981	Lis	Fy	MAG.	undy	



120	FOR		STATE OF DEPARTMENT OF HEAL	F MARYLAND TH AND MENTAL	HYGIEÑE	1 2	1) 5	6	
Total !	- STATE REGISTRAR		DICAL EXAMINER'S		OF DEATH	EG, NO.	En J	9	
	1. DECEASED NAME FIRST (TYPE OR PRINT) CORA	/	ARTHUR  20. DATE KNOWN NO MOSE STI-DEATH MATED						
PY, PLEA DIRECTO NO STREE	female white	5. DATE OF BIRTH		UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	монтн 5	6 1981 6 181		
PRESTON WITHIN REESTON	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY? 8. MA	RRIED NEVER MAR			NTY OF DEATH	MD	
ELAY IS IN PAGE 5	D. CITY OR TOWN OF DEATH  Baltimore	(IF NOT IN SUCH FA	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)						
ANY DE ANY DE RETAIN TOUID BE	USUAL RESIDENCE (IF IN NURSING HOME 13b. COUN	OR OTHER INSTITUTION, GI	Baltimore	13d. INSIDE CITY LIMITS?	13.2609DWas	hingto	n Blvd		
KATH B	14. FATHER'S NAME SCOTT	MIDDLE	Bard	15. MOTHER'S MAI	DEN NAME MIDDLE		He'nde	rshot	
ALTIMO AFTER D SIVE PAGE HI FORM HISTORIO HISTOR	160, WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 193-09-297	17. INFORMANT	Arthur 260g	washi timore	ngton	Blvd.	
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HOULD BE WELL HOULD BE WELL HELD HELD HELD HELD HELD HELD HELD H	190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?			2D. AUTOPS		
DIVISION OF VITAL RECORDS. IS CERTIFICATE SHOULD BE EXECURING: RADEO TO THE CHIEF MEDICAL (RES. 3 SHOULD BE USED AS A BUSTE OF DEATH AND THE DEPARTMENT OF JEACH AND SOT PRICE TO THE MEDICAL SECONDARY.	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE NUMBER OF AT WORK AT WORK	DEATH P.M	A. MONTH DAY YEAR	HOW INJURY OCCUR LOCATION STREET	RED (ENTER NATURE OF INJURY IN CITY OR TOWN		PART 2}	STATE	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VECULO BE FORWATO FOR FUNERAL DIRECTOR; PARTIR DESTH. WITH THE STE	22a   certify that I took char death resulted from: Natu ACTUAL STONATURE	prol couses X,	Accident , Suicide		Inquiry	ond in my  , DAT	opinian E NED <u>5-6-</u>	81	
BATIN BATIN	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 5/12/8	1 100F	Y OR CREMATORY	23d LOCATION CITY OR TOWN Mt. Un	ion H	unt. Pa	STATE	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Jones J. Sk	sula K	f. 2829 Hug	eor A.	EDEC O, BY REGISTRAR 125	D. REGISTRAR	SIGNATURE	7	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

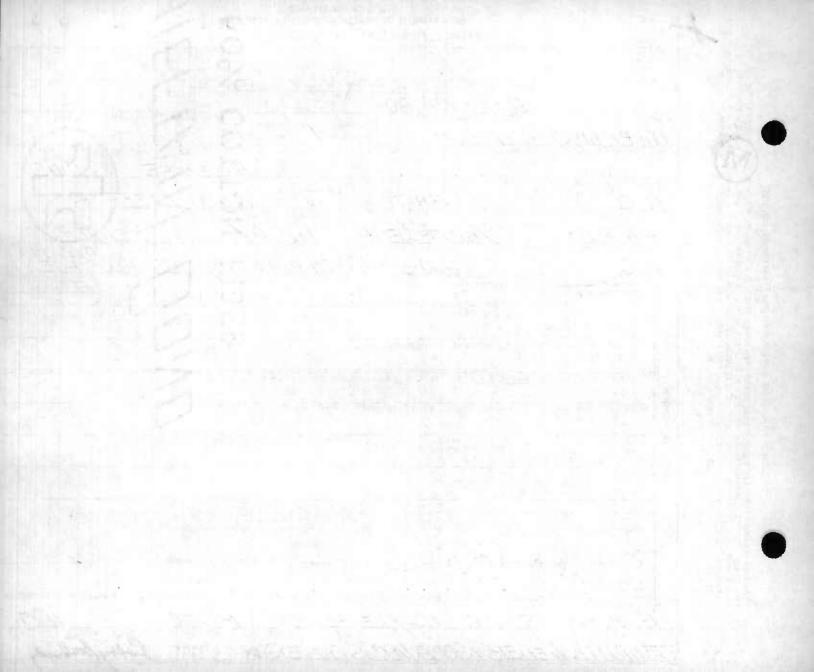
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vool . to Handhow point of the contract of the Dr. Chiles L. Autin Mary Mary Yas I www. I String Mrs. Bertha Konrber Sans 5/14/81 Burial 5/19/1 | Farewood Further W. Jankins & Tom Co. ANCE YORK NOW Ealto. Md. state MAY 1 1 Kg BE & Japan

4	POR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE   2 2 5 8  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  PEG NO									
	REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICAT	E OF DEA	TH ,	REG. NO.				
	ECEASED NAME	FIRST		E.		VERSA		20. DATE KNO	Th L	NTH DAY	YEAR 1981	2b. HOUR	
3. SI	X 4.		5. DATE OF BIRTH	6. AG	E (IN YEARS IF UN	NDER 1 YR. IF UN	IDER 24 HRS.	2t. DATE	MŌI	TH DAY	YEAR	25 H 3 H 3	
70	female BIRTHPLACE (STAT	white	2-16-	1901 8	YRS.			PRONOUNCED DEAD  9. BALTIMORE		3 UNITY OF	1981	a M	
5	OREIGN COUNTRY)	and	11.5	A	WIDOV	IED DIEVER M	ORCED		more C		DEATH	MD.	
) 10. (	Baltimo		(IF NOT IN SUCH F.	SPITAL, NURSING ACHITY, GIVE STREET AD FLEET ST.	DRESS)	IER INSTITUTION		JAL OCCUPATION MOST OF WORKING		ORK 12h K	OR INDUSTR	SINESS	
	AL RESIDENCE (IF	IN NURSING HOME OF	OTHER INSTITUTION, C			13d. INSIDE CITY LIMI	-101	EET ADDRESS	C/FF	7	97		
14.1	ATHER'S NAME	-/)	MIDDLE	/ mar /		15. MOTHER'S M	1010	MIDDLE	1.4.		LAST		
160	WAS DECEASED E	VER IN U.S. ARM	NED FORCES?	TIMA SOCIAL SE	CURITY NO.	17 INFORMANT	RY	Al	DDRESS	n)/	2000	por	
	YES, NO, OR UNKNOWN	(IF YES, GIVE W	VAR OR DATES)	2205	4-258	BARK	ACA	HUBh	536	20"	AUE	TICK!	
	18, CAUSE OF I PART I DEAT	TH WAS CAUSED	BY:	efar(a),(b), and( Arterios		cardiov	ascula	r diseas	se	BEI	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH	
	429	22	C 400 C (0)	R AS A CONSEQU		caratev	ascata	1 01300	30		176-		
-	gave rise	if any, which to immediate ating the <u>under</u> -	(b)	R AS A CONSEQUI	ENCE OF								
2 160 NOIL	lying cause		(c)										
8	PART 2 OTHER SIGNI	IFICANT CONDITIONS <u>C</u>	ONTRIBUTING TO GEATH	BUT NOT RELATED TO T	THE TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1 (o).			14			
CERTIFICATION	196. DATE OF O	PERATION	196 COND	ITION FOR WHICH	OPERATION	AS PERFORMED?				20	AUTOPSY?		
	21a EXTERNAL	CAUSE WAS	21b. TIME O		21c. H	OW INJURY OCCI	URRED (ENTER )	NATURE OF INJURY IF	N ITEM 18 PART 1	OR PART 2)	YES 🗌	NO [X]	
MEDICALO		OR CAUSE OF D	EATH P.A	۸.	19								
MED	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT H TORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE	
			programme and the same and the	scribed abave, hel		-	ection XX	Inquiry .		ny apinian			
1	death resulted	fram: Naturo	al causes X	Accident	Suicide	, Hamicide L TITLE (SPECIF		ermined manner					
5	SIGNATURE_	(W	MA	AA	^	.D. <u>Assist</u>	ant_MED	ICAL EXAMINER	R S	ATE GNED	5-3-8	1	
4	EXAMINER'S NA (TYPE OR PRINT	AME An	n M. Dix	or, M.D.		ADDRESS			enn St	. ==			
236.	BURIAL, CREMATK	AL 23	b. DATE	23c NAME (	OF CEMETERY C	R CREMATORY	23d. LC	CATION OR TOWN		COUNTY	13	7/	
24	FUNERAL DIRECTO	OR )	5 CO DORES	SON	in the state of th	25a. D.	ATE REC'D. BY		Sh. REGISTRA	R'S SIGNA	TURE		
C	ועומסו	11.WE	UEKK	SKISI	USS.	DEXEX	MAY 5	- 1981	pion	any 1	raffre	dy	



4	FOR STATE REGISTI	RAR		SI DEPARTMENT O DICAL EXAM	F HEALTH			TH	1 2	2 6	0
W	1. DECEASED (TYPE OR PRINT			WIDDLE	D	LAST		20. DATE KNOWN OF ESTI- DEATH MATED			26 HOUR
PLEAS PLEAS PLEAS PLIES PHOUR STREET	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (III	YEARS IF UN		NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	31 19 81	2d HOUR 9:24
SARY, VOUE	Male 70. BIRTHPLA	Black CE (STATE OR	3 25 7b. CITIZEN OF W	41 40	YRS.			9. BALTIMORE CIT	5 Y OR COUN	31 1981	D.M.
NEGA STATES	FOREIGN CO	md.	USA		WIDOV		AARRIED	Baltim	nore Ci	i ‡y	MD.
DELAY IS TO THE P N PAGE BE FILED DS 201 V	Bal t	imore	1824	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES Edmondson	Ävenue		120 USL FOR A	JAL OCCUPATION MOST OF WORKING LIFE) BORIV		126 KIND OF I OR INDUS	BUSINESS
MD. 21201 H. IF ANY E 1, 2, AND 3 0,2 SHOULD 0,2 SHOULD	130. STATE	ENCE (IF IN NURSING HOME O		13c. CITY OR TOWN BALTO	4			eet address 4 Edmon	dson	Ave.	
DEATH. DEATH. DEATH. AND 2 SAND 2 SAN	14. FATHER'S FIRST	S	WIDDIE		У	IS. MOTHER'S M	е	MIDDLE		Clark	
BALTIMORE, SS AFTER DEAT GIVE PAGES THE FOR	160 WAS DEC (YES, NO. OR	CEASED EVER IN U.S. ARA UNKNOWN) (IF YES, GIVE N )	WED FORCES? WAR OR DATES)	219-40-		Pearl		addr	ESS		
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLASE RITHING THE WOORD" "PRUDING". IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2. AND 3 TO THE FUNERAL DIRECTOR. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. S 3 SHOULD BE USED AS A BURALL-RANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, 201 PRIOR TO BURIAL, CREMATION. OR REMOVAL.	PA Co go	USE OF DEATH (Enter on RT I DEATH WAS CAUSED IMMEDIAT IMMEDIAT IMMEDIAT IMMEDIATE IN THE PROPERTY OF THE PROPE	D BY:  TE CAUSE (o)  DUE TO, OR  (b)	AS A CONSEQUENCE						BETWEEN ON	ATE INTERVAL SET AND DEATH
ECORDS,  D BE EXCIPATION  ENDING:  WEDICAL  AS A BUR  CREMATII		OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH								
SHOULD OND "P	TIFIC	TE OF OPERATION		TION FOR WHICH OF						20 AUTOPS	
CERTIFICATE TING THE WED TO THE 3 SHOULD I DEPARTMENT I PRIOR TO I	S CONTI	TERNAL CAUSE WAS REYING OR RIBUTING CAUSE OF D JURY OCCURRED	DEATH P.M 21e PLACE ( STREET FAC	A. MONTH DAY YE	AR 21f LO	CATION	URRED (ENTER N	NATURE OF INJURY IN ITEA		ART 2)	STATE
DEVISION  TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 5 SHOULD BE FORWARDED TO FUNEAU DIRECTOR; PAGE 35 AFTER DEATH WITH THE STATE DEPARENCE MARYLAND, 21201 PRIL	AT WC 22a deoth ACTUA SIGNA	I certify that I took charge resulted from: Nature	e of the remains desolections &X.	scribed obove, held on Accident ,	Suicide	Homicide  TITLE (SPECIF D. ASSIST	Y)	Inquiry , ermined monner CICAL EXAMINER	ond in my o ], DATE SIGN	pinion	
1604BP	23a BURIAL.C	REMATION, REMOVAL 2 BURIAL		23c NAME OF	CEMETERY C	RCREMATORY	CITY	OCATION ORTOWN OUTUS	COL	YTA	Md.
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	24 FUNERAL	FUNERAL · H	OME- 5205	YORK RI	· BA	md	LIN 8	registrar 256. R	ECISTRAR'S	Helined	7

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at the same and the first that

FOR

- STATE

REGISTRAR

INDUSTRY Ret. Contractor 13e. STREET ADDRESS 1909 Riggs Ave. MIDDLE Dilahy **ADDRESS** Sonia Bailey 1909 Riggs Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN COUNTY Md Crownsville Crownsville WA Cem. 5-28-81 Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Brown/Thompson F. H. 1913 W. Balto. St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

89

MONTH

YEAR

DAYS

IF UNDER I YEAR

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

DHMH - 16 50M 7/77

(VRA 15(4))

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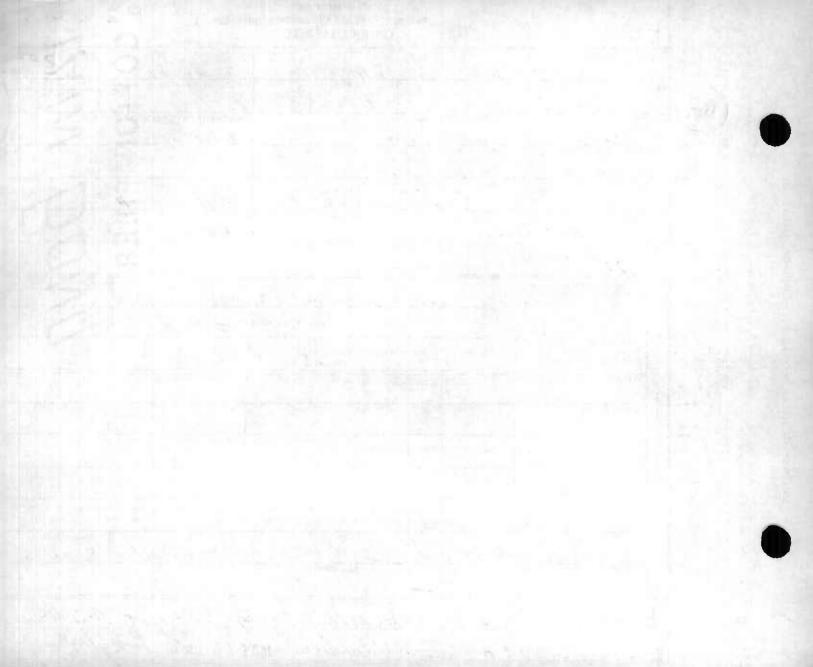
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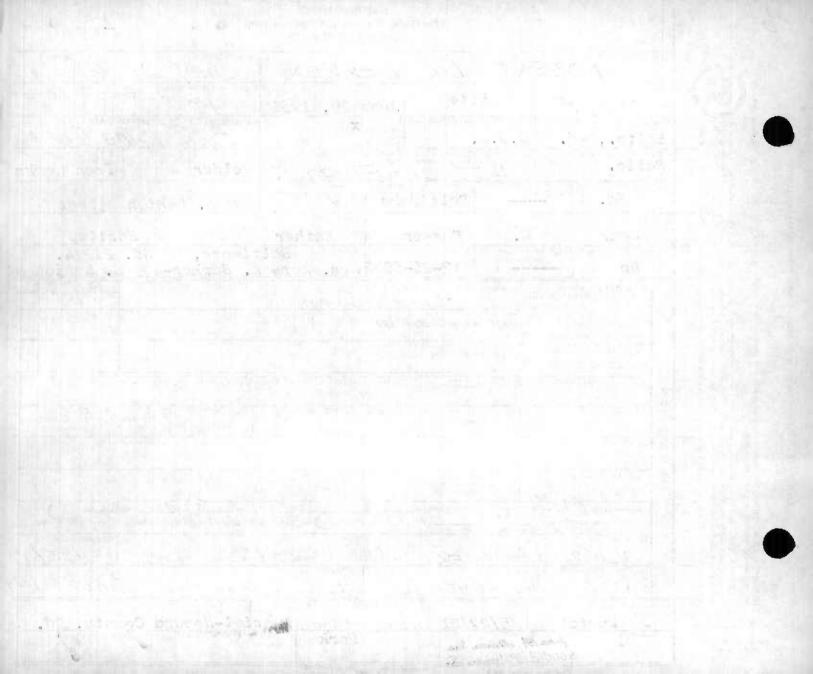
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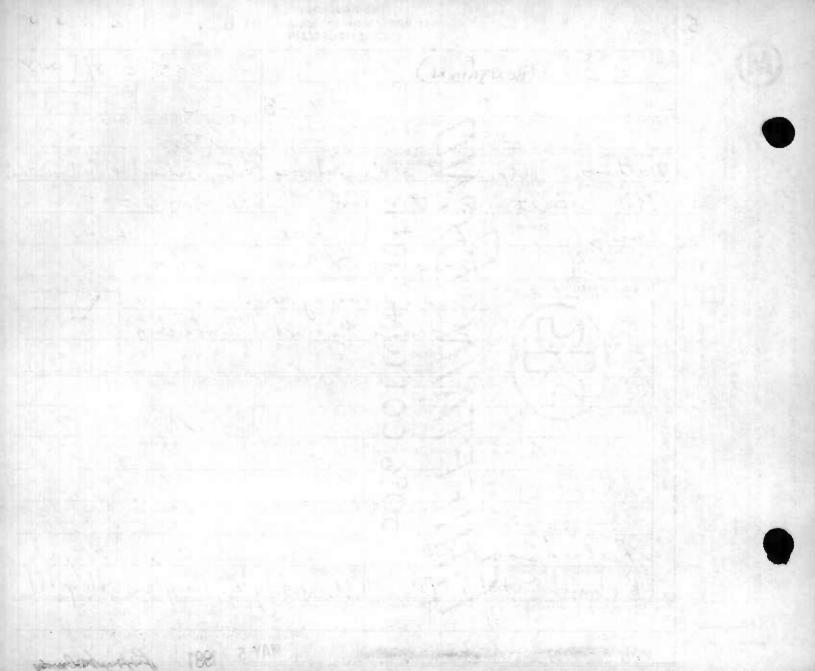
Harden C. Marca, S. D. Lie and Space, B. Jan., 40 March

1	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE O I	0.	. 0 ~
	1. DE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be poge 3	(),,,,	UICTUI	CIA	BI	266	5-20-	81	5 , 4
m od Julia	3. SE	4.	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
Poge 4		FEMALE	BLACK	6	9 95	85	YRS.	
4 10 g		RTHPLACE (STATE OR FOREIGN 76 DUNTRY)	CITIZEN OF WHAT COUN	TRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
death.	10.0	MO	45	WIDOWE		BACTIM		MD,
offer the d wified	10 C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		D OF BUSINESS OR RY
201 lrs c	DISII	ALTINIACE AL RESIDENCE (IF NURSING HOME OR OT	LUTHERA		PHA C			
V E HD FW	13a. S	TATE 136 COUNTY	13c. CITY OR	TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		
'LAND'	14 F/	MD THER'S NAME	DA-C	FINSKE	YES NO 15. MOTHER'S MAIDEN NA		NORTH AU	
Mary and 2 mill and 2	17. 17	FIRST Unknie	DLE LAST			anknew.	M	LAST
E, MA	16n V	VAS DECEASED EVER IN U.S. ARME		SECURITY NO.	17 INFORMANT	ADDR		
MORE e execu		ES, NO OR UNKNOWN) (IF YES, GIVE W.						
ALTI re be re be re.s.		18 CAUSE OF DEATH (Enter only	one cause per line for (a) It	at and icili			APP	ROXIMATE INTERVAL
; # 400 p		PART I. DEATH WAS CAUSED I	BY:	diami	mana Ma	nest Vo	migula	EN ONSET AND DEATH
PRESTON ST he death certi he ottending p emove carbon motion, ar ren		4360	DUE TO, OR AS A CONS	1)	to Decolor		7.7.5	
death		Conditions, if any, which	(h)	EODEINEE OF	rockly cora	10		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOUENCE OF	0-1/1	COLA		
hot the the the the the the the the the th		underlying cause last.	(6)		Matera	2 004		
bs, 201 quires the signed b hen pleos o buriol.	~	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART	1(a)
NG PHYSICIAN: The low require otherwing physician.  The this certificate has been signs a physician of the p	CERTIFICATION							
Necces of the second se	ICA	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
TALRI The le icion. The host per sit per ggiene shows.	RTI	21a. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY		121. HOW IN HURY OCCUP	YES NO	YES 🗀	NO 🗌
DF VIII		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
SION OF VI PHYSICIAN; ending phys this certifica theory of the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
DIVISION DING PHY or otherdia : After this se of the policy properties	MEC	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.}	STREET	CITY OR TO	WN COUNTY	STATE
DIVG DING DING Affer Possible of		22s.1 certify that (1) (this hospital			10	to	10	1
A B B B B B B B B B B B B B B B B B B B		saw the deceased alive an			d that in (my) (aur) apinian		ate and hour and from	, that (1) (we) last the causes stated
hospital hed for the for the for the form of the form		abave, (1) (we) (did) (did not) v 22b. SIGNATURE	riew the body after death.		DEGREE			ATE SIGNED
f f		8-1	temenago	1 -	ATTENDING PHYSICIAN [	MEDICAL STA	FF / +	120/81
HOSPITAL ned by th FUNERAL Jid be det the State	1	22d. PHYSICIAN'S NAME (TYPI IN THE	ina)		22e ADDRESS	_ DIRECTOR FHISH	JAIN C	120/01
T : S T S I		3- SUW	ANAGOOL	_	LUTHER	AN HOSP	ITAL, 1	47
15000	230.5	LURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTERS	11/444
BP	1	SURIAL	5/24 81	1111CK	IVAKICEMO	164 BAITI	MOKE IIIA	KYIMIL
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	INERAL DIRECTOR	F11 17098	500111	Reell Acc 250. DAT	TEREC'D. BY REGISTRAR	ZSB. RECOVERAR'S SIGN	ratrody
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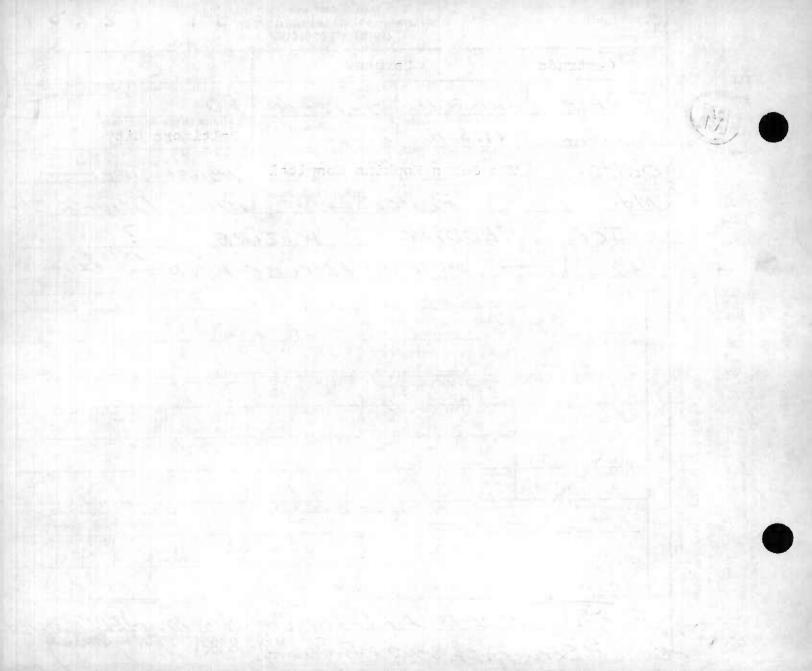
STATE OF MARYLAND



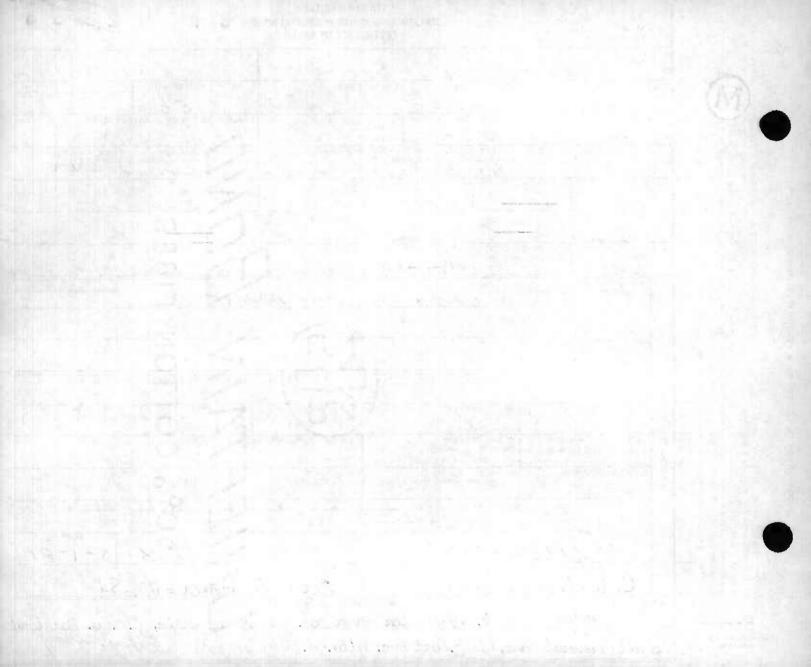




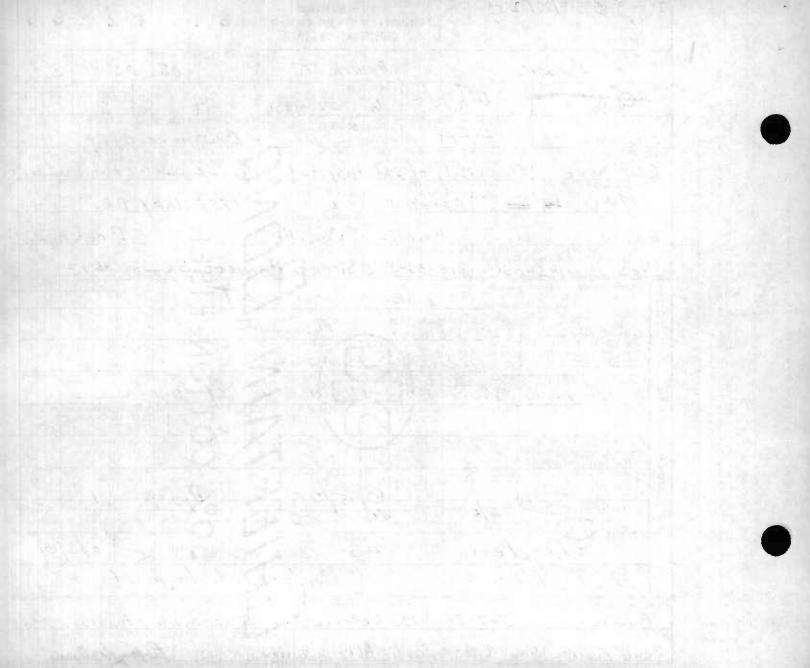
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	1 2 2	6 /
5 n=	1 DE	CEASED NAME FIRST Gertrude	MIDDLE	arnes	2a. DATE OF DEATH	MONTH DAY YEAR 5 13 81	26. HOUR
7	3. SE	EMALE	NEGROID	5. DATE OF BIRTH  MONTH  DAY  YEAR  7 - / 2 - 00	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DATS	
	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimon	R COUNTY OF DEATH	MD
3	10 C	Palto.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET The Johns Hoj	ADDRESS)  OKINS HOSPITAL		ON 12b. KIND INDUSTRY	OF BUSINESS OR
1 1 3	ISU I3a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS		R 5X
	14. F	THER'S NAME  JOE	REDDING	15 MOTHER'S MAIDEN N			AST
Wood /		NAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU		= WOOD	55 -15-16 E	iver st
PRESTON ST. BAL the death card-cate more cardon plysic markon or tendonial er traumatic event the		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	shock (probable)	pervic)	APPRO RIWEN	XIMATE INTERVAL N ONSET AND DEATH
RDS, 201 W request that in separate Then please or to buriel. Con inputy, or other	NOI	underlying cause last.	(c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a
The Tow equivicion. The Tow equivicion. The to be been upposed for the point of the shows only interest the shows only interest.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
OF VI		? ] a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART I OR PART 2)	
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OR ATTENDING he hospital or of DIRECTOR: After ached for use on Dotted for use of Director of Health			n 5) 13 19 19 19 19 19 19 19 19 19 19 19 19 19	7) 21 19 81 7), and that in (my) (awr apiniar	, 10	ate and haur and fram the	, that III (we) last e causes stated E SIGNED
PITAL by the ERAL ERAL State	-	DOWTHY 22d PHYSICIAN'S NAME W	A Haylohu	ATTENDING	MEDICAL STAF	N 1	13) 81
TO HOSI retained TO FUN should b		Dorothy 3	Margotsker 23c. N	John, Hopk	- 1	Barra	me py)
80 7 BP		DUPLE AL DIRECTOR	5-20-81 /	14. Cahury Cer		rupolte Cl	resty Mr
(VRA 15, 4)	10	Win B. Sr	ADDRESS ADDRESS	25 torstone	1 TO 1301		



STATE OF MARYLAND



. 1		em 3 g555 5/20, FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 I		6 9
3 71		CEASED NAME FIRST PRINT)	MIODLE	Bi	ARNETT		5 03 81	336
ge 4 may	3. SE	Male	1. RACE White	5. DATE	OF BIRTH TH CAY 1936		YRS.	IF UNDER 24 HR HOURS MIN
death. Pa	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT CO	MARR WIDOV		BALTIMO	RECITY	
by the fi	13	ALTILORC	University.	GIVE STREET ADDRESS)	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O TRAINING COUNTY	on 12b. MND OF INDUSTRY LABER.	
filled in rould be		AL RESIDENCE (IF NURSING HOME OF	NTY Appropriety. 13c. CHY	OR LOWN	13d. INSIDE CITY LIMITS? YES ■ NO □		RBY DR.	
impletely ond 2 sh	5	THER'S NAME FIRST	MJDOLE /.	BARUELL	15. MOTHER'S MAIDEN NO.	WIOOFE	Beck	ner
n ond co			IVE WAR OR DATES!	1-32-507	SiegRID BI	arnett S,	aneas # 13	3
physicia inpapers emoval.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	inly one couse per line for (in ED BY: ATE CAUSE (a)	a), (b), and (c).)	retory ou	rast	APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEAT
death cer ottending ove carbo tion, ar re	,	5070 Canditions, if any, which	DUE TO, OR AS A CO	ONSEQUENCE OF	- Henenpe	its.		
by the asserement, cremon		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	Preumonia			
equires to signed. Then ple to the burion injury, or	N O	PART 2. OTHER SIGNIFICANT		TING TO DEATH BI	MULD FORM		DITION GIVEN IN PART I(a)	
on. has bee to permit. ene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERAT	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	S USED
IYSICIAN: T ding physici s certificate buriol-transi Mental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	h h	NTH DAY YEA	R	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
G PHYSI  er this ce s the buri  and Mei	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJUR (AT HOME, STREET, FACTO		211 LOCATION	CITY OR TO	own county	STATE
rtendin ortal or TOR: Africal for use a for use a		220.1 certify that (1) this hasp saw the doceased alive or above, (1) (we) (did) did no	W-1001		and that in (my (our) opinion	to, to		nat (I) we la auses stated
the hosp the hosp at DIREC etached the the Dept. If Item		22b. SIGNATURE	nten		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 5/3	IGNED
TO HOSPITAL ( retained by the TO FUNERAL I should be deta with the State I IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	ORPRINT)		Enivy	LMd hos	pilot	
Da Day	23a	BURIAL, CREMATION, REMOVAL SECIETY)	L 23b. DATE 5-7-8/		CEMETERY OR CREMATORY Le terros Cem	23d. LOCATION CITY OR TOWN CROWNS U	ile Ametrun	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR			25a. DA	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATU	RE

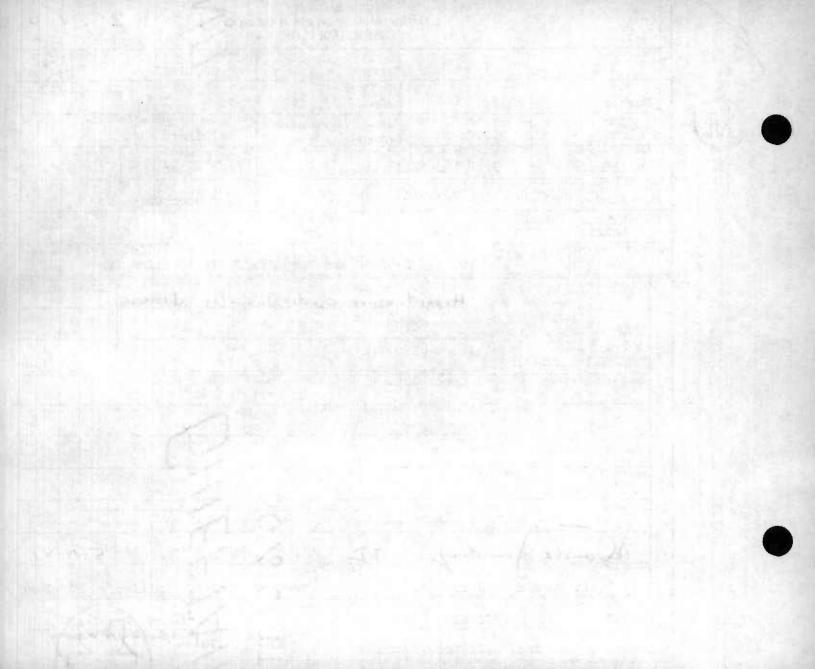


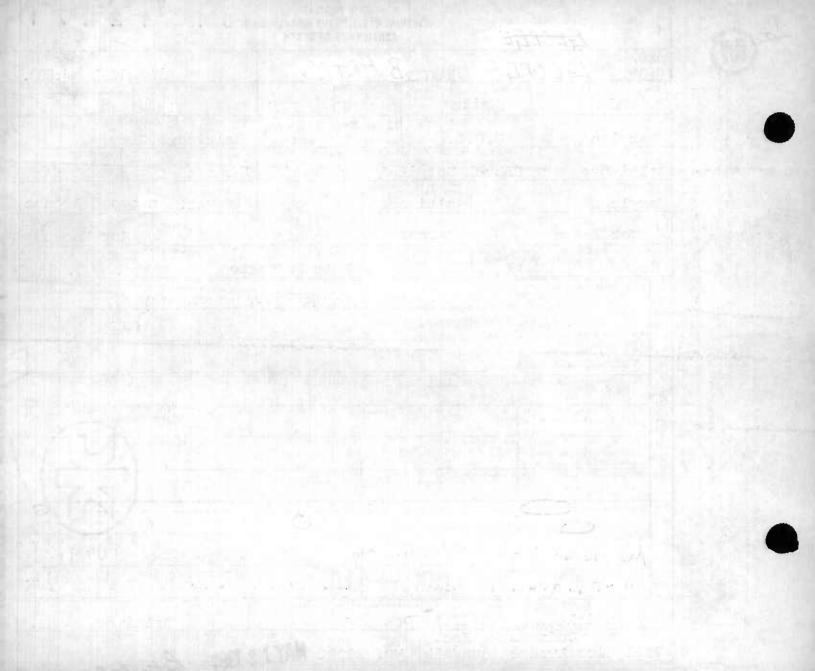
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours with

retained by the hospital or attending physician.

OHMH - 16 50M 1/B1 (VRA 15, 4)

	FOR STATE REGISTRAR		DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	1 2 2	70
	1 DECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	24 11001
-30	(TOPE ON PRINT)	Agnes		Barry	,	May 18, 19	81	9 45
	3 SEX	4	RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
	Female		White	Api	il 1º1, 19º06	75	YRS DAY	rs Hours
ė	74. BIRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
37	Ireland	K 51	U.S.A.	WIDOW		Baltimor	e City	
00	10. CITY OR TOWN OF D  Baltimor	e	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 5708 Beec	NURSING HOME ( E STREET ADDRESS) Chdale AV	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOME Make	F WORKING LIFE) INDUSTR	OF BUSINESS
35	USUAL RESIDENCE (IF NO 130 STATE Maryland	RSING HOME OR OF	THER INSTITUTION GIVE RESIDENCY 13c. CITY O Balt	E BEFORE ADMISSION) R TOWN IMORE	13d INSIDE CITY LIMITS? YES * NO	13e, STREET ADDRESS 5708 Beec	hdale Ave	
exomine	14. FATHER'S NAME Patric	k MI	Harney	AST	15 MOTHER'S MAIDEN N	Ann MIDDLE	Hickey	LAST
medicol	(YES NO OR UNKNOWN)	R IN U.S. ARMI	VAR OR DATES)	L SECURITY NO. 16-2305	Mrs Mary P.	ADDRE faff 216 Div	ss Luthervi	ille, M
s ony injury, or of	PART 2 OTHER SIG	GNIFICANT CO	NDITIONS CONTRIBUTION		NOT RELATED TO THE TER/	MINAL DISEASE OR CONI	DITION GIVEN IN PART  ZOB. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
No de	E E					YES NO	YES [	NO [
9	00.000.000.000.00	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR PART 2	)
rked or	(IF EITHER NOTIFY ME  ZIG INJURY OCCU  WHILE NOT NOT NOT WAT WORK  AT WORK	RRED VHILE ORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, 6	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STA
21 is mo	sow the deced	sed olive on	) ottended the deceosed view the body ofter death.		nd that in (my) (our) opinion	deoth occurred on the do	, 19, 19	
IMPORTANT: If Item	226. SIGNATURE	NAME (TYPE ORP	andry	- М.	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAP	F ,	TE SIGNED
MPORT	R	. Donal	J d Jandorf M.		7403 1		Baltimore,	Maryla
- 1	230 BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 5/21/81	Woodla	EMETERY OR CREMATORY		ore, Maryla	
ВІ	24 FUNERAL DIRECTOR  Leonard J	Ruck In	c. Baltimore	Maryla	and 25MA		parting from	





/	1 -	FOR STATE REGISTRAR	/81 gj STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	H
ge 3		CEASED NAME FIRST	cia Bassa H	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR  5 / 10 / 8/ 6
Poge 4 moy	3. SEX	F	7 1 3	6. AGE (IN YEARS LAST BIRTHDAY)  1F UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS  YRS.
deoth. P	1.	OUNTRY MAT Y LAND	76. CITIZEN OE WHAT COUNTRY? 8 MARRIED NEVER MARRIED NOVER MARRIED DIVORCE	ED C/Fy
after a settle and a settle a	1	TY, OR TOWN OF DEATH	11. NAME OE HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY) GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12b. KIND OF BUSINESS (INDUSTRY)
in 24 hau ly filled i shauld be er must b	13o. S	TATE 2001	/HULL YES NO	1409 W. taye He St
amplete ond 2		HNareu	MIDDLE GUILLE 15. MOTHER'S MAID	irjet MIDDLE LISON
on and co		(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIVI	MED EORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (SEWAR OR DATES) 966-36-777 Mildred	Gardner 4324 Reisterstown
not the death c by the attendir sse remave carl , cremation, or other traumation		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF DEMANDE	
quires the signed hen plea ta burial ajury, ar	NO	underlying cause last.  PART 2 OTHER SIGNIFICANT C	(c) Att to Vort	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
been signed rmit. Then plec prior to burial ony injury, or	TIFICATION		· (C)	
been signed rmit. Then plec prior to burial only injury, or	ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT C	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  19b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
HYSICIAN: The law requires the daing physician.  Ins certificate has been signed burial-transit permit. Then plea Mental Hygiene prior to burial and the second prior the second prior to burial and the second prior the second prior to burial and the second prior to burial and the	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT C	19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  21b. TIME OE INJURY HOUR A.M. MONTH DAY YEAR 19 21c. HOW INJURY CONTRIBUTION 21c. HOW INJURY CONTRIBUTION STREET	200 AUTOPSY?  YES NO PO NO NO COURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STA
A ATTENDING PHYSICIAN: The low requires the hospital or otherdung physician.  RECTOR: After this certificate has been signed red for use as the burial-transit permit. Then pleap to all Health and Mental Hygiene prior to burial em 21 is marked or hem 18 shows any injury, or		PART 2 OTHER SIGNIFICANT OF THE PROPERTIES OF CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER AT WORK	19b. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IPPLICATION WAS PERFORMED  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M. 19  21c. HOW INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21c. HOW INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21d. LOCATION STREET  21d. HOW INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21d. LOCATION STREET  21d. HOW INJURY (AT HOME STREET)  21d. LOCATION STREET  21d. HOW INJURY (AT HOME STREET)  21d. LOCATION STREET  21d. LOCATION STREET  21d. HOW INJURY (AT HOME STREET)  21d. LOCATION STREET  21d. HOW INJURY (AT HOME STREET)  21d. HOW INJURY (AT HOME STREET)	280 AUTOPSY?  280 AUTOPSY?  280 IN CERTIFYING CAUSES OF DEATH YES NO
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AN OF BATES, SR. while the state of Marshins USAS xxx poete in the respect for the second state of the state of Maryland 8 8601 Greenwey John A. Collins and Collins an Yes WW I 170 cg 7604 Jann K. Batas, Jr., Endicott, N.Y. Eurist 5-87-91 security can't Balto. Fanny W. Jerkins & Ent. Co. 1987 S. M. Workey 4506 York Foad Balto., Md. 21215

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	to	1-	FOR STATE REGISTRAR		OF HEALTH AND MEN MINER'S CERTIFICA		2216
1.3	Maria	1. DE	CEASED NAME FIRST	WIDDLE	BEASLEY	OF ESTI-	DNTH DAY YEAR 76. HOUR 5 2 19 81
		n SE	SHFLT( A RACE nale negro	5. DATE OF BIRTH MONTH DAY 1 1 - 1 1 - 35 45	(IN YEARS IF UNDER 1 YR. IF I	UNDER 24 HRS. 2c. DATE MC DURS MIN PRONOUNCED DEAD	NTH DAY YEAR 2d HOUR 5 2 19 81 3p M
•	NO SOUTH AND A SOUTH AS A SOUTH A	FC	RTHPLACE (STATEOR REIGN COUNTRY) Balto Md	USA	B MARRIED NEVER WIDOWED □ D	MARRIED   9 BALTIMORE CITY OR CO	
	9/2014		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET ADD LUTHERAN HOSP IT	al (DOA)	N 12a USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) Driver	VORK 12b KIND OF BUSINESS OR INDUSTRY
	ATH. IF ANY DEL	13o. S	Md 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY 136. CITY OR TO Balt	WM 13d. INSIDE CITY L	ımırs?   130. street address Gemma	Road
	M PM 33 AND 2 S	SI	THER'S NAME TO TO TO	Beas ley	Nanc	·	LAST
	S AFTER GIVE PA ITH FOR PAGES 1 IVISION	160. \( \( \)		AED FORCES?  MAR OR DATES  0 7 - 6 4 2 1 9 - 9  y ane cause per line far (a), (b), and (c)	32-9098 Jud		t Gemma Rd
W Space	WITHIN 24 HOUR WINER ALONG W MINER ALONG W WINER HYGIERE, D OR REMOVAL.	ascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Sec Scarce and Section 1997	OULD BE EXECUTED BY PENDING! SED AS A BU F HEALTH AN IAL, CREMAT	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS OF	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	RETERMINAL DISEASE OR CONDITION GIV		20 AUTOPSY?
	TIFICATE SHAGE TO THE CHSHOULD BE LEARTMENT OR RICK TO BURK	MEDICAL CERTIF	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I	BODY ONLY VES WONLY OR PART 2)
	THIS CERI E, WRITING RWARDED PAGE 3 SI STATE DEP.	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET BODY ONTHEY	CITY OR TOWN	COUNTY STATE
	AEDICAL EXAMINER  UTE THE CERTIFICAT  E 4 SHOULD BE FOR  UNREAL DIRECTOR  ENERAL DIRECTOR		death resulted fram: Natur	and the remains described above, held all causes XX. Accident,  Accident,  Accident,  M. Dixon, M.D.	Suicide , Hamicide TITLE (SPEC	Undetermined manner ,	My opinion  MATE IGNED 5-3-81
		- (3	JRIAL, CREMATION, REMOVAL 2	36 DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
283	DHMH-17 (VR A15 ME (5)) 15M 2/80	24. F	INERAL DIRECTOR Dyet	ADDRESS & LIBER	1 /1 /	Baltimore Date REC'D. By REGISTRAR 255. REGISTA RIAY 4 - 1081	R'S SIGN TURE

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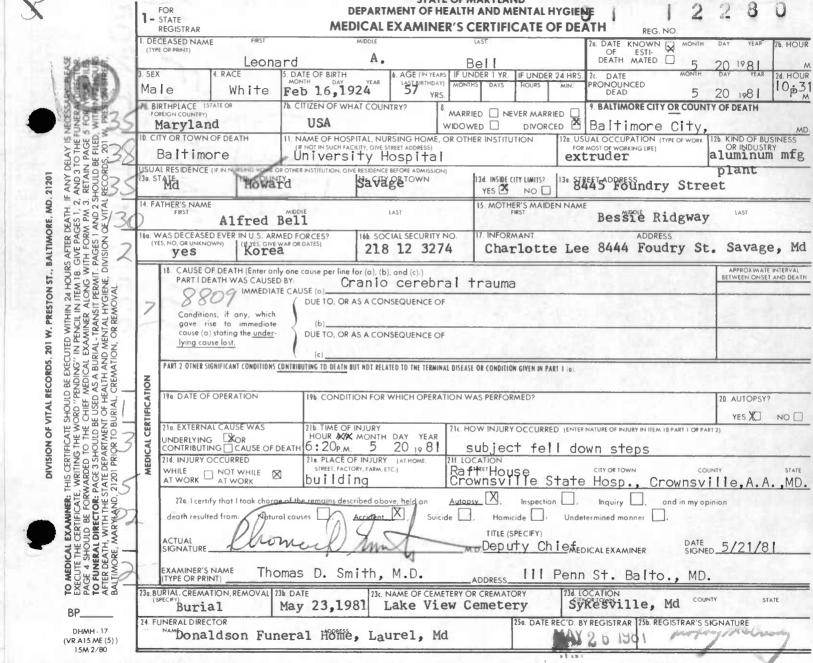
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or. John H. Mulholland, M.D. - 201 E. Univer ity Plany., Eulip., Mt. Surial 5/9/81 Druid Fixes Fixesville, WM. Henry W. Jendins & Son Co. 1805 York Road Balto., W. 21212



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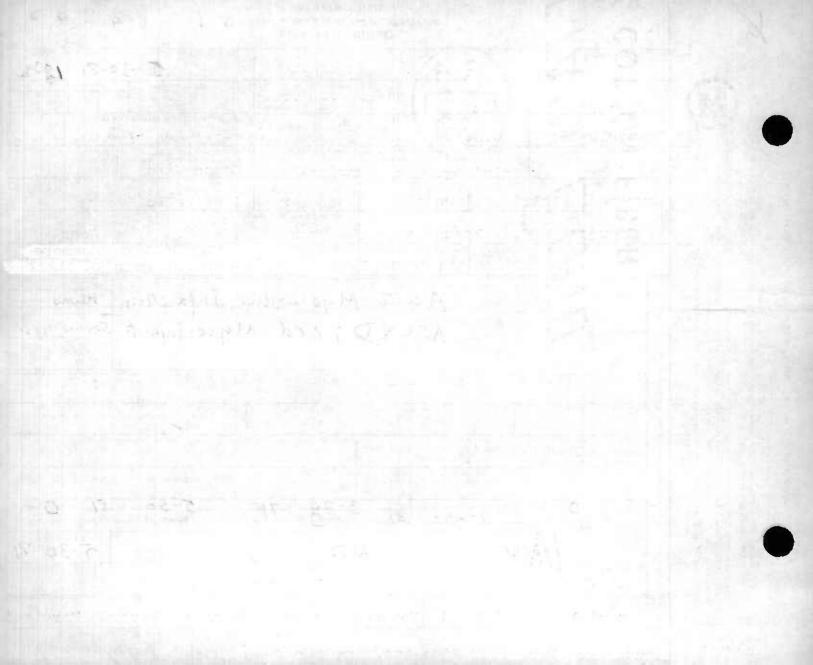
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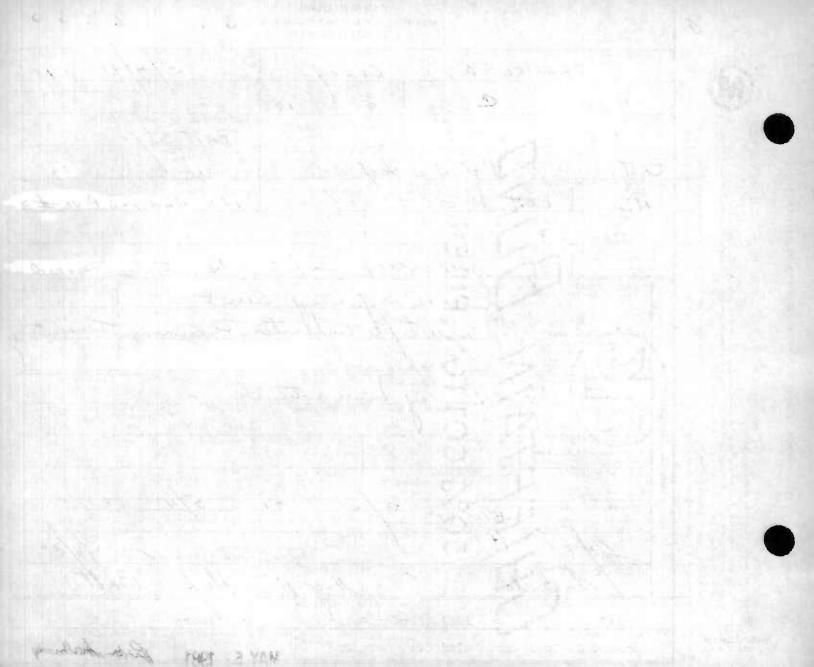
injury, or ather troumotic event, the medical e

IMPORTANT: If Item 21 is marked or Item 18 shows any

	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.									
L	DECEASED NAME FIRST (TYPE OR PRINT)	- C. Benno	MAN	20. DATE OF DEATH MONTH 5	1-81 20 HOUSO PMM						
3	Female	White S. DATE	ch, 30, 1913 EAR	6. AGE (IN YEARS LAST BIRTHDAY)  A YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS						
5	Maryland	USA MARRIE WIDOW	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore (1	of DEATH  ity MD.						
)	Baltimone	1. NAME OF HOSPITAL, NURSING HOME INFNOT IN SUCH FACTORY, GIVE STREET ADDRESS!	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWILLE	12b. KIND OF BUSINESS OR INDUSTRY						
3/	Maryland 136. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134, CITY OR TOWN Datimore	YES NO .	13e. STREET ADDRESS 1439 Patapsco Sa	t.Balta						
	FATHER'S NAME	Kessler	Nettie	MIDDLE	Seibert						
-	60 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.		Mr. Raymond	E.Bennaman, Same							
	PART I. DEATH WAS CAUSED E  IMMEDIATE (  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	1041	Acutel  Acutel  Acutel  TNOT RELATED TO THE TERM	6 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  7 9 12  COX 5  LACAS EN IN PART 1101						
2	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO							
MEDICAL CER		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		RED (ENTER NATURE OF NJURY IN ITEM 18, P.)  CITY OR TOWN	ART 1 OR PART 2)  COUNTY						
	220. I certify that In this haspital sow the deceased alive on obove, In (we) (did) (did not) 22b. SIGNATURE  22d. PHYSICIAN ON AME (TYPE OR PR	Ilady M	ond that in (ay) (our) opinion  DEGREE  ATTENDING PHYSICIAN  222. ADDRESS	death accurred on the date and have  MEDICAL STAFF DIRECTOR PHYSICIAN	that we last rand from the causes stated  22c. DATE SIGNED						
	Burial 1			E REC'D. BY REGISTRAR 156 RECOT	. (a. Maryland						
F			10971	. 0 1001							

DHMH - 16 50M 7/77 (VR A 15 (4)) 14 F 18-1-5 SAR CLAUSELL STORY Service of the second second . River Harrison To . The West of the environment of the control of the contr A STATE OF THE STA The same according to the contract of the same according





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10	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE B	1 2 2 8 9			
1		CEASED NAME FIRST I	awrence MDDIE Edwa	rd Beyer, Sr.	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR			
	B. SEX		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	0/ //30/			
335	CC	RTHPLACE ISTATE OR FOREIGN DUNTRY AND ANY LAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED ( WIDOWED DIVORCED (	9. BALTIMORE CITY OR CO	OUNTY OF DEATH			
3/		tyor town of DEATH  ltimore	11. NAME OF HOSPITAL, NURSIN WNOT IN SUCH FACILITY, GIVE STREET Baltimore City		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORLD CTICIAN	RKING LIFE) 12b. KIND OF BUSINESS OF INDUSTRY Beth. Steel			
9	13a S	TATE IN COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	YES NO	955 S. Homb	perg Ave. 21221			
0.30	4 FA	THER'S NAME FIRST John	Beyer, Sr. LAST	15. MOTHER'S MAIDEN	Grace Thoma	LAST			
Poge 7		VAS DECEASED EVER IN U.S. AI (IF YES, GN VWI	E WAR OR DATEST 220 03 11		ADDRESS , wife Same				
lease remave carbanpapers ial, cremation, or removal or other froumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU  (b) CATCINO  DUE TO, OR AS A CONSEOU  (c)	ence of lung	rest				
2 %	ATION	PART 2. OTHER SIGNIFICANT	<b>7</b> 年。12月1日2日長年	DEATH BUT NOT RELATED TO THE TE	20a AUTØPSY? 20b	b. IF YES, WERE FINDINGS USED			
- / 1	A CERTIFICATION	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		AY YEAR 216. HOW INJURY OCC	YES NO URRED (ENTER NATURE OF INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18, PART 1 OR PART 2]			
kedo	MEDICAL	IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, I	19 21f. LOCATION STREET	CITY OR TOWN COUNTY ST				
thed for use as lept. of Health them 21 is mark		sow the deceased alive or	of view the body offer death.	nond that in (my) (our) apini	on death occurred on the date o	nd hour and from the causes stated  22c. DATE SIGNED			
the State De		Susa 22d. PHYSICIAN'S NAME (TYPE O	luge Ms	ATTENDING PHYSICIAN  1220. ADDRESS		- 5/30/21			

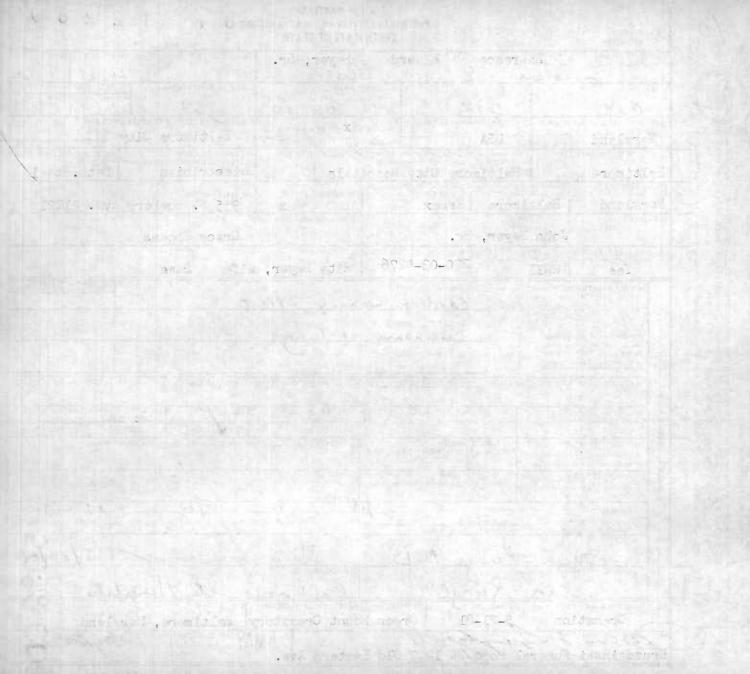
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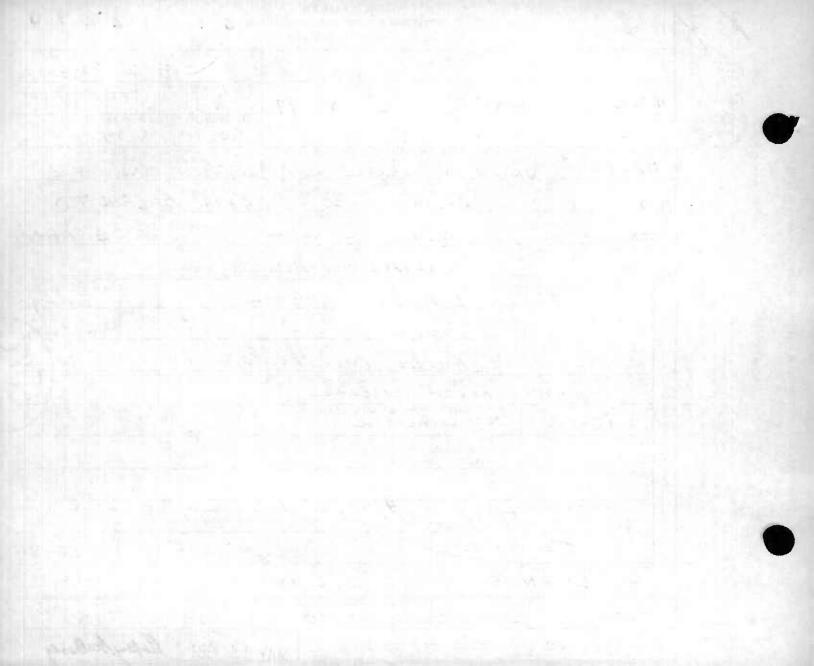
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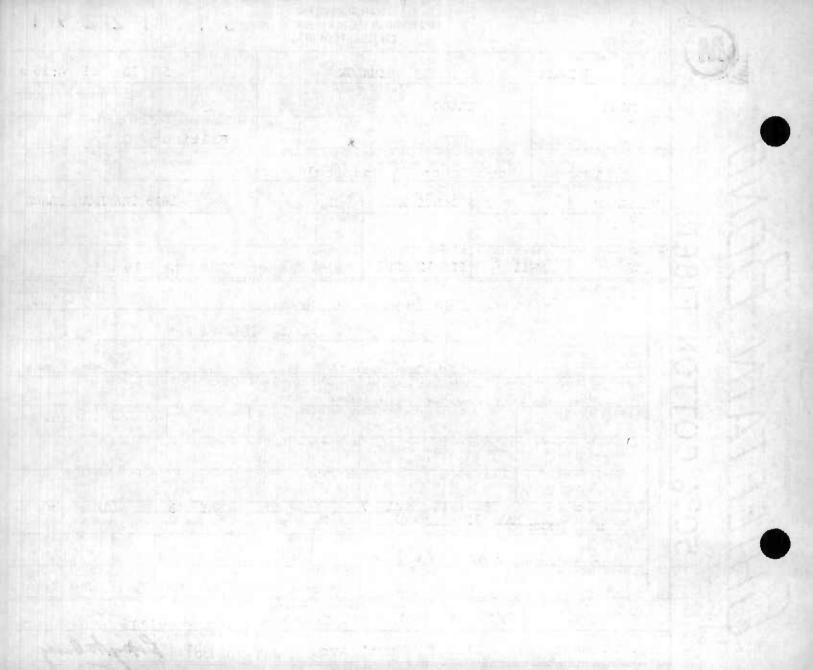
Bruzdzinski Funeral Home FA 1407 Old Eastern Ave.

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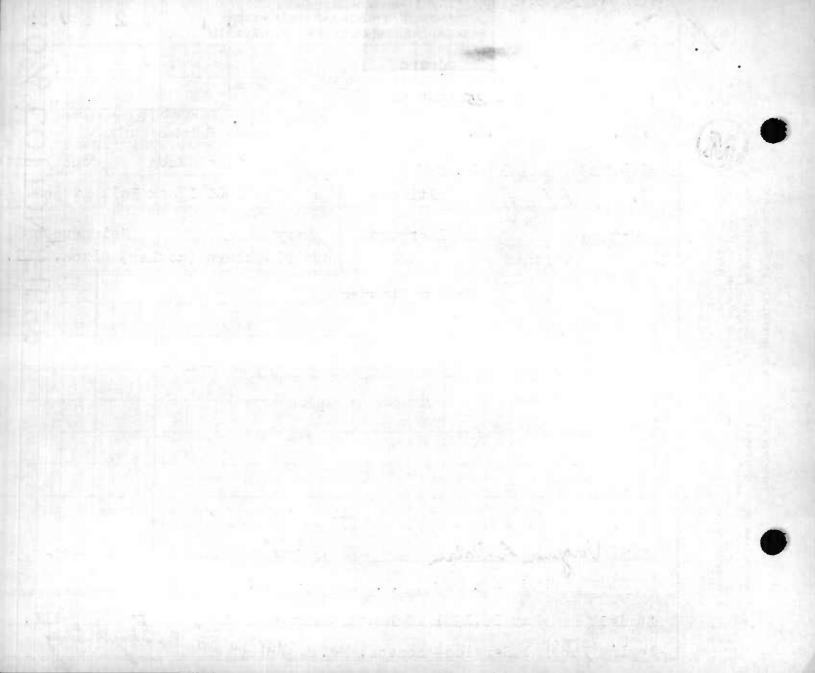
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		CEASED NAME E OR PRINT)	FIRST	er car	MIDDLE		LAST		20. D.	OF ESTI-	MONTH	DAY	YEAR	26 HOUR
ET SES			Jerr		Edward	Bla	ckburr		DE	ATH MATED	⊠ 5		1981	M
PR. PE. DIRECT OUR FI ON STR	3. SEX		<sup>ACE</sup> hite	5. DATE OF BIRTH MONTH 2 - 25-	1943 38 y	ARS IF UN AY) MONTE RS.	DER 1 YR.	HOURS 1	MIN. PRON	DATE NOUNCED DEAD	MONTH 5	DAY	1981	24 HOUR 9:58
NACES 6		RTHPLACE (STATE REIGN COUNTRY)	OR	76. CITIZEN OF WH.		8. MARRI WIDOW	ED NEV	VER MARRIE	D 🗸	Baltimore city	_	ITY OF D		145
A THE CO		TY OR TOWN OF	DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOMI		ER INSTITUT	TION	120. USUAL O	CCUPATION (T	YPE OF WORK	12b. KIN	ND OF BUS RINDUSTR NSTr	SINESS
IF ANY DEL 2, AND 3 TO 3. RETAIN SHOULD BE LI RECORDS	USU		I NURSING HOME OR		RESIDENCE BEFORE ADMISSI Baltimor	ON)	13d INSIDE CIT	TY LIMITS2		DDB Sock				
S.S.S.A.		ATHER'S NAME	///	/ / /	Dar Grinor	<u> </u>	YES 🖸	110		DIOCK	1 61.	1 5	01.66	
A PM 3. A PM 3. A PM 3. A PM 3. A PM 3. A PM 3.		FIRST		MIDDLE	LAST		1	R'S MAIDEN	NINAME	MIDDLE	**		LAST	
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B. GIVE PAGE WITH FORM T. PAGES 1 A DIVISION OF	_0	ES, NO, OR UNKNOWN) <b>ES</b>	Veit	nam	N/A				kburn			Dix	on,	Ill.
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU TING THE WORD "PENDING" IN PENCIL IN ITEM 18. DED TO THE CHIEF MEDICAL EXAMINER ALONG WES TO THE CHIEF MEDICAL EXAMINER ALONG WES TO THE CHIEF MEDICAL EXAMINER ARRAIT IS SHOULD BE USED AS A BURIAL. TRANSIT PERMIT IS PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise cause (a) sta lying cause li		(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  JT NOT RELATED TO THE TERM	OF	OR CONDITION	GIVEN IN PART	<b>T</b> 1 (a).					
D BE EXECPENDING" MEDICAL AS A BUI EALTH AN CREMATI	Į į	19n DATE OF OP	FRATION	TION CONDITI	ON FOR WHICH OPER	ATION W	AS DEDECIDA	MED2				720.4	UTOPSY?	
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TO THE CI	MEDICAL CERTIFICATION	210. EXTERNAL C UNDERLYING CONTRIBUTING 216 INJURY OCC	OR CAUSE OF D		MONTH DAY YEAR	?	OW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN (TEM )	B PART 1 OR PA		YES 🔀	NO []
A A G A A R I	MEC	WHILE N	OT WHILE		PRY, FARM, ETC.)		TREET		CITY	OR TOWN	со	YTHUC		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW, TO FUNEAL DIRECTOR: PATER DEATH, WITH THE STA BATTEMORE, MARYLAND, 21			brzena	LOO	lan	Autap	, Homici	PECIFY) istant	Undetermine	EXAMINER	DATE SIGNE		-11-8	31
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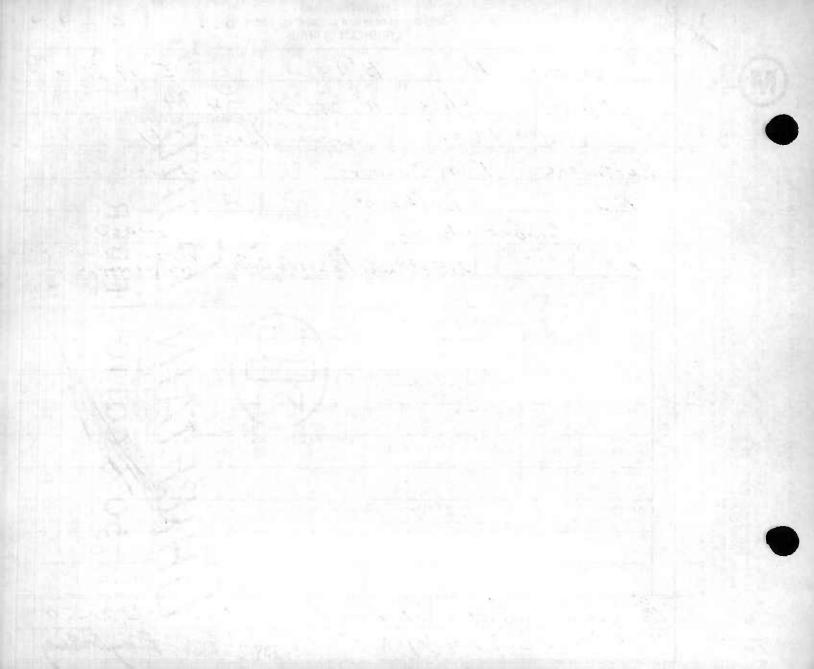


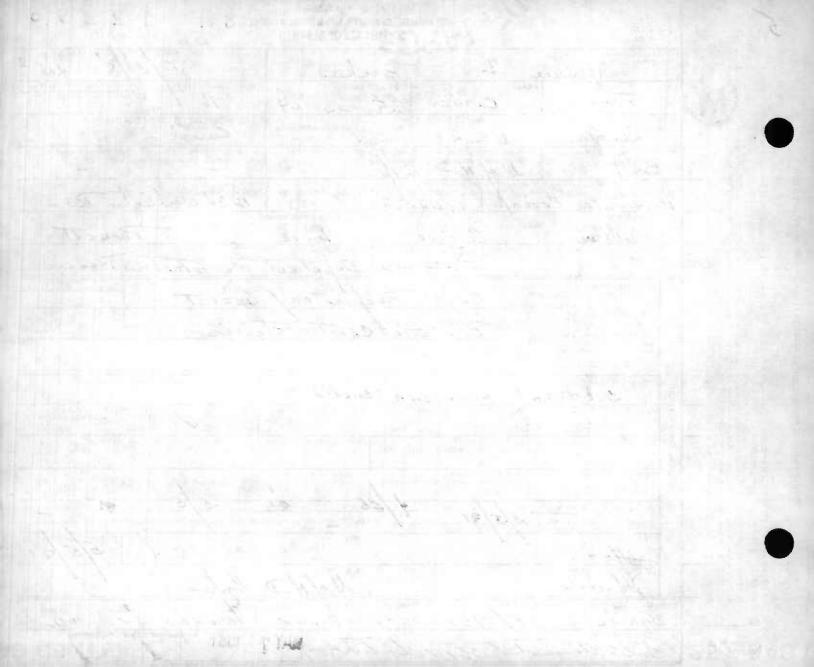
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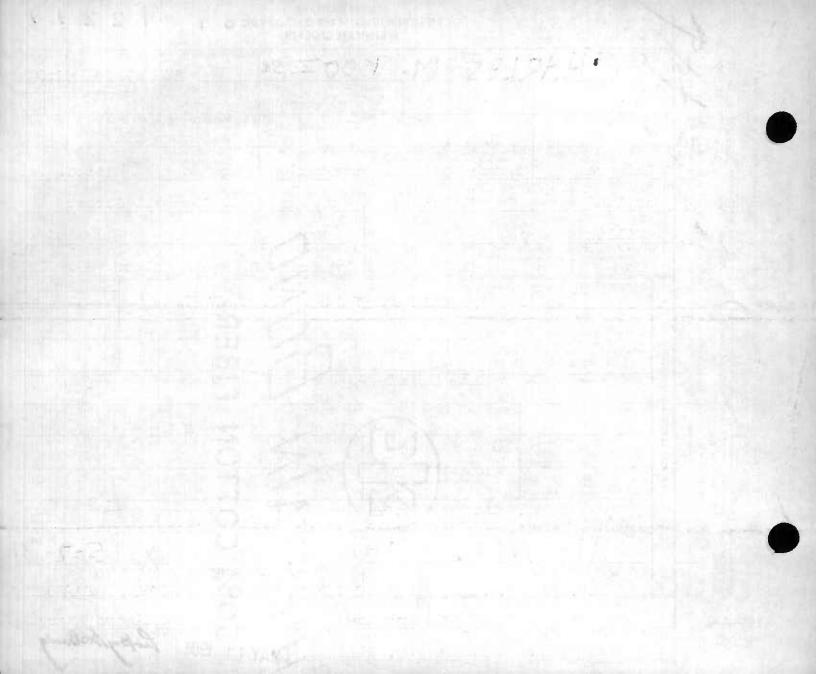
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO . DECEASED NAME KNOWN KK MONTH DAY 20. DATE 2b HOUR (TYPE OR PRINT) OF ESTI-OPECTOR.
OPERTOR.
THOURS
OF STREET, 81 5-9 DEATH MATED GILBERT BOEHI4. RACE AGE (IN YEARS YEAR 2 24 AUGUR DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED male white 81 PM DEAD 18 62 YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. MARYLAND Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE PL 3. RETAIN PAGE 2 SHOULD BE FILED AL RECORDS, 201 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Agnes Hospital ELECTRONICS ENG. AMERICAN SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INSTRUMENT CO. 13 GOUNTY 30. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE ACADEMY HGTS. NO B MARYLAND GREENLOW ROAD. LHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURAL-TRANSIT PERMIT PAGES 1, AND 2.8 OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL ISPACE. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST FIRST GEORGE J BOEHL IRENE R. SEDICUM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21229 (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES GEORGE A. MOORE 201 S. WICKHAM ROAD 218-03-2001 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? JRIAL. INER: THIS CLASS.
ICATE, WRITING THE WONLE E FORWARDED TO THE CHILL TOR: PAGE 3 SHOULD BE USED TORING TO THE CHILL STATE DEPARTMENTO YES [ NOXX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY LAT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER BEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK ХX 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide Natural cause Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-10-81 SIGNATURE Assistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME Korell.M.D Margarita Penn Street (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE COUNTY STATE MD. BALT IMORE BP BURTAL 05 - 13 - 81WOODLAWN CEMETERY WOODLAWN 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR REGISTRANS SIGNATURE 21229 **DHMH-17** ADDRESS (VR A15 ME (5)) 4107 WILKENS AVE HUBBARD FUNERAL HOME. INC.

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1	1.	FOR STATE			TMENT OF H	E OF MARYLAND REALTH AND MENTAL HY	GIENE 8	1 2 2	9 9
0		REGISTRAR CHARLES	M. B007	MIDDLE		AST OF DEATH		O. MONTH DAY YEAR	26 HOUR
1	3. SEX	MA	4. RACE	7 12	5. DATE C		6. AGE (IN YEARS LAST BIR	AY 6 1983	
1	-0	Male	Whit	e	1.2	30 1906	74	YRS DAYS	HOURS M
-80-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 0	D A NEVER MARRIED		R COUNTY OF DEATH	
150		aryland	11.9	.A.	WIDOWE		Baltimo	re City	
WILF		TY OR TOWN OF DEATH	11. NAME OF		ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KIND	OF BUSINESS
100	Bal	ltimore				orporation	Fireman		to. C:
2	USUA 3a. S	L RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION.		ORE ADMISSION)				
BS		aryland	)(4))	Baltim		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 431 Corn	wall Stre	et
4	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	3 - 0 - 0 - 0	
500		William	C.	Booz		Mary	MIDDLE	Hub	bard
100		AS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	ss431 Corn	
1/	(4)	NO OR UNKNOWN) (IF YES, (	IVE WAR OR DATES)	213-14	-2946	Catherine		Balto., MI	
a any injury, or alf	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
100	#						YES NO Y	YES	NO 🗌
19		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	AIM	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
rked or	MEDICAL	216 INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE O	OF INJURY EET, FACTORY, OFFICE,		ZII LOCATION STREET	CITY OR TO	wn COUNTY	STATI
Ē	Ì	220 I certify that (1) (this has			4-30	, 19_ 81	, ta5=6		, that (I) (we)
5		the deceased alive of abave, (I) (we) (did) (did)	n 5-6 at) view the bady	after death.	81 ar	nd that in (my) (aur) apinian	death accurred an the do	ate and haur and fram the	e causes stated
4. H		774 SIGNA GREET	Non	2	195	ATTENDING PHYSICIAN [	MEDICAL STAI	F.A.	SIGNED .
ORTA		774 PHYSITIAN INAME ITYPE	O PRINT)			22e. ADDRESS CHURC	H HOSPITAL		
N-087		A.F. NOI	IR. M.D			100 NORTH BR	DADWAY RAI	TIMORE MARY	AND 2
5	23a. Bl	JRIAL, CREMATION, REMOVA		230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
_		Burial	5/11/	1981	Oak L	awn	CITY OR TOWN	altimore.	Mary
/81	24 FU	NERAL DIRECTOR Duda	-Ruck,	Inc.		25a. DA1	TE REC'D. BY REGISTRAR	256 RESTRAR'S SIC LA	1/4 la

(VRA 15, 4)



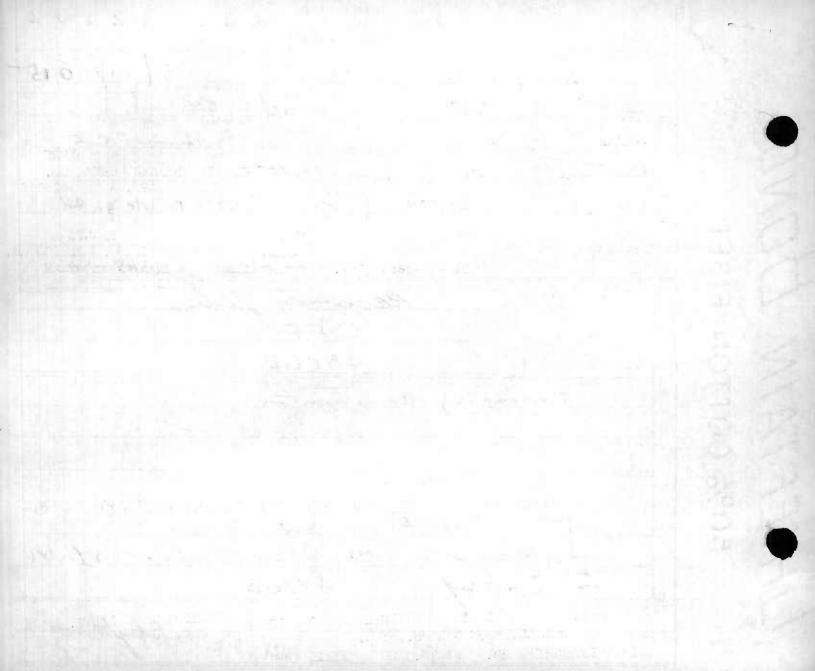
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noy be poge 3	(TYPE	CEASED NAME FIRST OR PRINT) JENNIE	WIDDLE	Buk	which	"	OF DEATH MONTH	3/81	b. HOUR  L'/) AM  FUNDER 24 HRS.
oge 4 m	3. SEX	F	4. RACE	5. DATE			IN YEARS LAST BIRTHDAY)  73  YR	MONTHS DAYS	HOURS MIN.
4 2 5/		OUNTRY) PA	76 CITIZEN OF WHAT COUN	MARRIE WIDOW		1	MORE CITY OR COUR	4	MD.
d h l l		Bulto.	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	tal	(TYPE OF V	AL OCCUPATION VORK FOR MOST OF WORKIN SEWIFE		BUSINESS OR
in 24 hours ly filled in should be	13a S	AL RESIDENCE (IF NURSING II) AF OR O TATE THE OUN'	TY 136. CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS?	111	CLOVER	AVENUE	P .
uted within to ond 2 s	20	SEPH JAKS	MIDDLE LAS		15. MOTHER'S MAIDEN N	IAME	MIDDLE	LAST	
be execution and control for the medical	. 0	VAS DECEASED EVER IN U.S. ARA TES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)	8-0824	J. HARGER		ABO VE		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21200 INCOMEDIAL THE LOW requires that the death certificate be executed within 24 hours or attending physicion.  Wher this certificate has been signed by the attending physicion and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than Amental Hygiene prior to buriol, cremation, or removal.  The statement of the please of the property of the medical examiner must be proported at the property or the please or the property of the property or the please of the property or the property of the property or the property of the property or the property of the property	NO	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Of Conditions, if ony, which gove rise to immediate couse (ol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	D BY:  E CAUSE (o)  DUE TO, OR AS A CONS  (b)  MUL  DUE TO, OR AS A CONS  (c)	ENSON!		hy cha)	ASE OR CONDITION		ATE INYERVAL SET AND DEATH
he low recon.  on. t permit. If ene prior t ows ony in	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a AI	INCE	YES, WERE FINDING RTIFYING CAUSES O YES	S USED F DEATH?
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DING PHYSICIA or oftending pl After this certif se os the buriol-th oilth and Mental morked or frem	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR: 4 for use of Heol		22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not	5/3	3.//	nd that in (my) (our) apinio	n deoth occu	urred on the date and		ot (1) (we) lost juses stated
AL OR ATTEN y the hospital AL DIRECTOR: detached for us one Dept. of He II. If Hem 21 is		226. SIGNATURE	color MD		DEGREE ATTENDING PHYSICIAN		AL STAFF OR PHYSICIAN	22c. DATE S	GNED /S/
HOSPIII Pined by FUNER build be thinke St		22d PHYSICIAN'S NAME (TYPE OF	Sulcolow		301 St P	an/ 1	11. Ba	1to. 2/2	02
Bb———	B	BURIAL, CREMATION, REMOVAL SPECIFY	236. DATE 5-5-81	LATAYE	CEMETERY OF CREMATORY	Mx JA	CATION CITY OR TOWN	COUNTY	A .STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	NNELLY SONS	300 MACE	RESS AVE	ESSEX	ATTROD. E	BY RAR 256. REC	STRAR'S SIGNATU	7

STORE TO STORY STANT TENED HEART Albert Carlotte Comment of the Comme THE BUILD SHAPE SELECTION (STEPHINE)

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William I was a server of the large of the l

a. Lar Delta fund and Land age at the area



W. Jenkins & Sons Co., Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4905 York Rd Use DATE REC'D BY REGISTRAN 754 RB

REG. NO.

26 HOUR

12h: KIND OF BUSINESS OF

NO C

STATE

Railroad

1981

IF UNDER TREAM

INDUSTRY

Williams

COUNTY

27r. DATE SIG

7g. DATE OF DEATH MONTH

- STATE

CTREE CHEENINGS

REGISTRAR

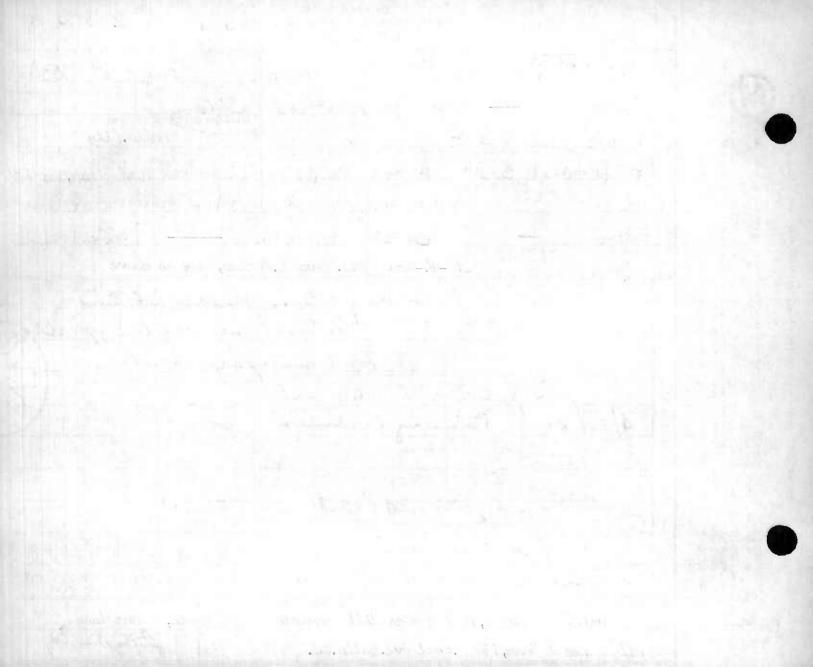
I. DECEASED NAME

24 FUNERAL DIRECTOR

HMH - 16 50M 1/81 (VRA 15. 4)

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	1			STATE OF MARYLAND		10704
	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		12309
6 m 4		CEASED NAME midd	be Lois	rst Bowman	20. DATE OF DEATH	AONTH DAY YEAR 26 HOUR
s offer de	3. SE		1. RACE White	5. DATE OF BIRTH  MONTH  DAY  YEAR  O 9 3 5	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
eath. Perol	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		9. BALTIMORE CITY OF	COUNTY OF DEATH  Balto. (ity MD.
by the for	10 €	BOLLMAN.	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION INTERPRETATION OF WORK FOR MOST OF	IZE. KIND OF BUSINESS OR
filled in could be in must be	130.		INTY 13c. CITY OR	BEFORE ADMISSION)	130. SIREET ADDRESS	liewridge Gurt
ompletely ond 2 sh	14. F.	Edgar	MIDDLE COLL	onso Blanch	AME MIDDLE	- Rade liz
be execut on and co			RMED FORCES? 166 SOCIAL 214-44	SECURITY NO. 17 INFORMANT 4-6240 Mrs. Nancy L.	Moreau, Same o	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the this certificate by section and completely filled in by the this certificate has been signed by the ottending physician ond completely filled in by as the buriel-transit permit. Then please remove carbonapers. Pages 1 and 2 should be filled in ord harmol tygiene princip buriol, cremotian, ar removal.  On the Name of the transition of the principle in the ord permit is shown any injury, and other transmitting event, the medical examiner must be in the order or them.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CONS	Commande edema	massive lile re	Lilateral Lilateral Lilateral
s that the death collections are the other collections remove carbonical and are traumatic.		gave rise ta immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	foral Subc	apsular h	entone.
been significant to but any injury,	ATION	PART 2 OTHER SIGNIFICANT	Lapatitis to	Se ruled out	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS USED
NI. The law hysician. icote has be rronsit permit Hygiene pr Hygiene pr 18 shaws an	CERTIFICATION	4/70/8/	Bilus	Castritis 1216. HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTE OF THE PART 1 OR PART 2)
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NDING PH I or othern R: After this use os the l decith and	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR TOW	COUNTY STATE
Pite Pite for of h		sow the deceased alive or			death accurred on the do	te and hour and from the causes stated
RAL SRAL Stote		22d. PHYSICIAN NAME (TYPE		ATTENDING PHYSICIAN  22e. ADDRESS	MEDICAL STAF	AND TITE
TO HOSPIT retained by TO FUNER should be with the Str		BURIAL, CREMATION, REMOVAL	STO COCE	23c. NAME OF CEMETERY OR CREMATORY	I23d LOCATION	OVERET. BALTO
BP		(SPECIFY) Burial	May 5, 1981	Cedar Hill Cemetery	Baltimore	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	Home. 130 E.Foot	** Ave. Balto. Md. MA	Y 5 1981	Tiefray Hebrerdy



BOWMAN

FIRST

- STATE

REGISTRAR

1. DECEASED NAME

MARYLAND 21201 201 W. PRESTON ST. DIVISION OF VITAL RECORDS,

DHMH- 16 30M 2/80

(VRA 15, 4)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED GREENEST, BALTIMONE, MD 21201 STATE Millington, Md. w Chestertown, Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

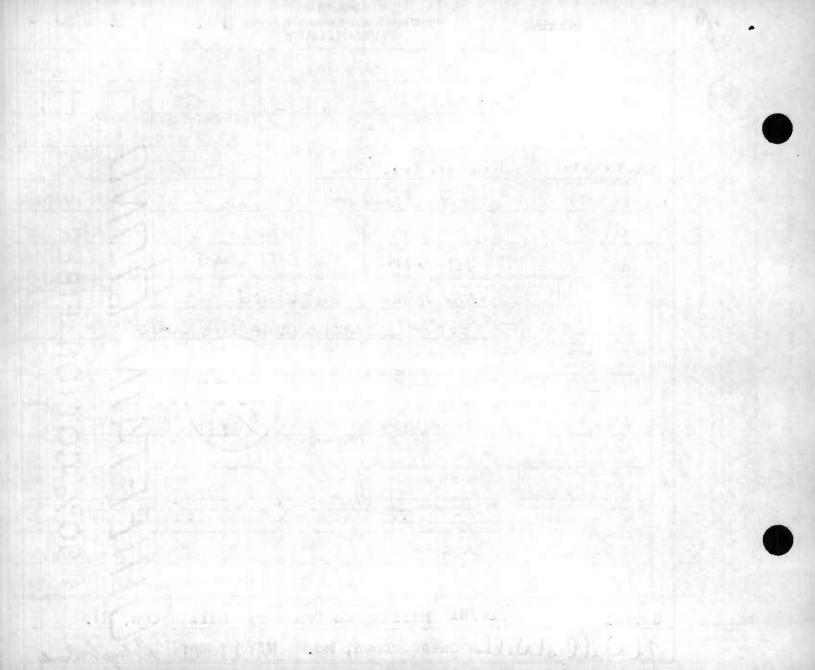
2b. HOUR

IF UNDER 24 HRS

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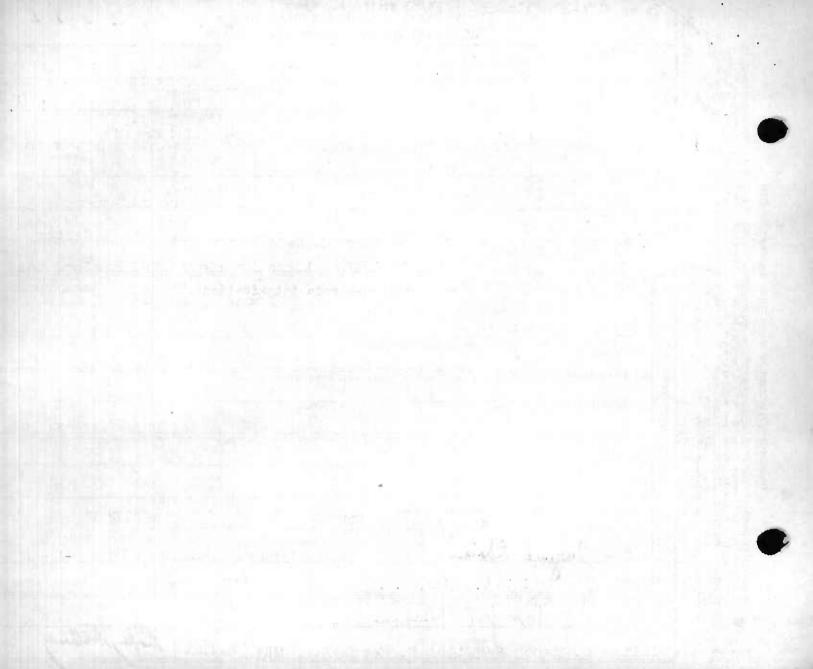
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20 DATE OF DEATH



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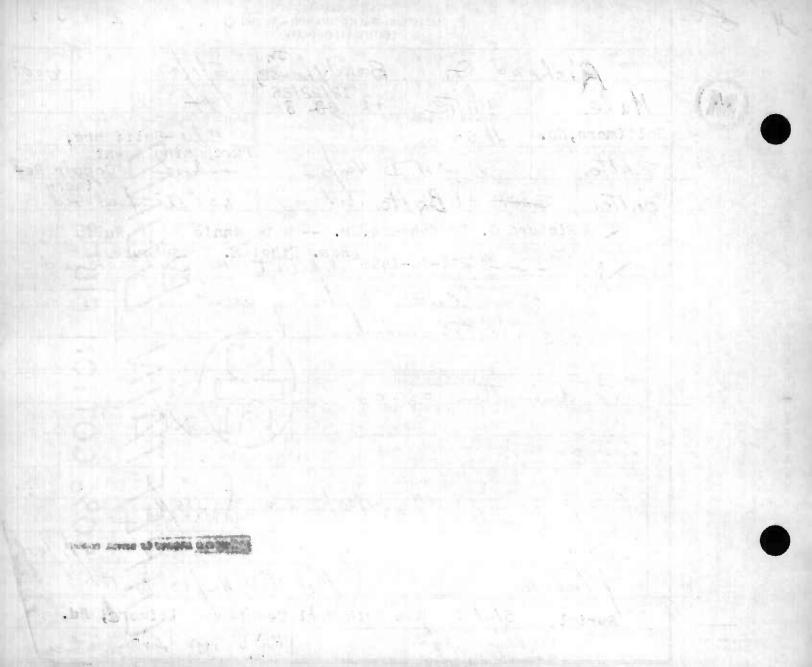
3 #		tems #18a-22a FOR STATE REGISTRAR		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL I CERTIFICATE (	SE DEATH	1 2 EG. NO.	3 0	7
Water Star	1. DĒ	CEASED NAME FIR		MIDDLE		Bradford	20. DATE KNO OF EST DEATH MAT	WN MONTH	DAY YEAR 15 19 81	2b. HOUR
THE COLOR	3. SEX		5" DATE OF BIRTH MONTH DAY	YEAR 52		NDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR
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AY IS PRIED PRIED SOIT		altimore	11. NAME OF HOS (IF NOT IN SUCH F) 2802 H	CILITY, GIVE ST		HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING L		126. KIND OF BU OR INDUSTI	JSINESS
21201 AND 3 TO RETAIN PEL RECORDS	USU/	AL RESIDENCE (IF IN NURSING)		IVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2802 Hari	Ford Ro	ad	
DEATH IF	14. F.	ATHER'S NAME	WIDDLE		AST	15. MOTHER'S MAID	DEN NAME MIDDLE		LAST	
ORE, M R DEATH AGES 1, 1 AND 2		obert WAS DECEASED EVER IN U.	S. ARMED FORCES?	Brad	ford IAL SECURITY NO.	Mildred 17. INFORMANT		DDRESS	Carte	r
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY SIGNE PAGES 1, 2, AND: WITH FORM PM 3. RETA WITH FORM PM 3. RETA T. PAGES 1 AND 2 SHOULD DIVISION OF WITH RECO	()	YES, NO, OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	217	-62-1500	Delores	Bradford 2	2802 Ha	rford	Road
	1	PART I DEATH WAS CA	er anly ane cause per line AUSED BY:	for (a), (b) Acute	ethanol-h	eroin intox	cication		APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
ESTON IIN 24 H IN ITEA ALON SIT PER HYGIEI MOVAI		9350 IMM		AS A CON	SEQUENCE OF		C. AND		THE OWNER	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RDED TO THE CHIEF MEDICAL EXAMINER ROUNG W RE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. RE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D SOI PRIOR TO BURLAL, CREMATION, OR REMOVAL.	-	gave rise to imme cause (a) stating the <u>u</u> lying cause last.	diate (b)	AS A CON	SEQUENCE OF					
S, 201 ECUTE CLIE IN EX IND M		PART 2 OTNER SIGNIFICANT COND	(c)	DIST MOT BUILD	TED TO THE TERMINAL DICE.	ACE OB CONDITION CHIEN IN B	ABY 1			
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TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE I BATTIMORE, MARYLAND, 21201		22a   certify that   taak	charge of the remains de	scribed aba	ve, held an Auto	Inspection Hamicide	an . Inquiry	, and in my ap	oinian	
EXAMI GERTIFICA JUD BE DIRECT WITH		ACTUAL	PAO	Accident	, Soicide L	TITLE (SPECIFY)				
SHOE SHOE SHOE SHOE SHOE SHOE SHOE SHOE		SIGNATURE	ina More	w-		M.D. <u>Assista</u>	nt medical examiner	R SIGNI	5-16-	-81
TO MED EXECUT TO FUN AFTER D BALTIM	1		irginia L.		<del></del>	_ADDRESS	III Penn St	reet		
	23a. E	BURIAL, CREMATION, REMO (SPECIFY)  Burial	5/21/81		NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COU		TATE
D906 DHMH-17	24. 1	FUNERAL DIRECTOR	15/21/81 ADDRES		butus Me		REC D. BY REGISTRAR 25	A RESTEAMS	Md	
(VR A15 ME (5)) 15M 2/80	W	illiam C. M			E. Nort	h Ave MA	y 1 3 1981	1	1	

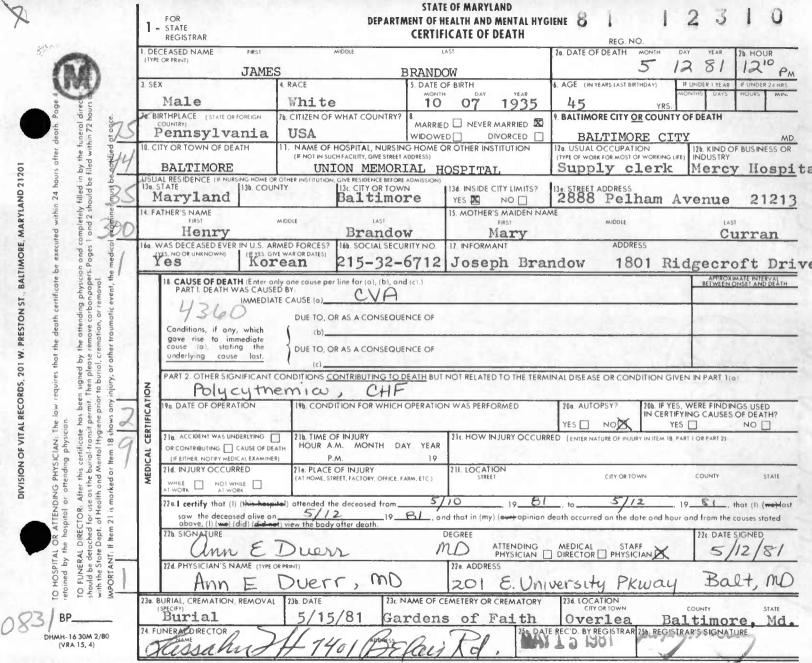


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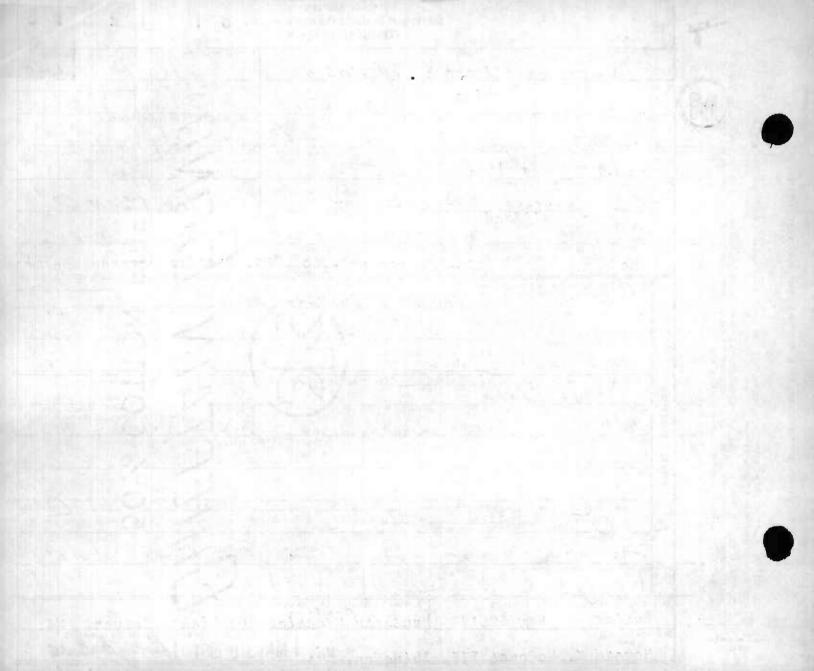


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	1	FOR - STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	REG. NO.	2 3 1 1
		ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
1 7 6	{TYI	PEOR PRINTI	& BERTHI	a S BRATHWHA	5/22/81	3 AM
(9/1)	3. SI	4.	RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS EAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	70.0	BIRTHPLACE / STATE OR FOREIGN 7A	W	08 08 3/	9 9 YRS.	
oth.	1	BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COU	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
er de fun within within	10. 0			WIDOWED DIVORCED I	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
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4D 21		STATE TO COUNTY	1 0	R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1115 - 0 -
hin 2	14. F	KTHER'S NAME	MONEY 10	MURRS 15. MOTHER'S MAIDEN NA	1309 D	DUERRO
MARYLAND 2120 ed within 24 hours and 7 thould be fill execution miles be or	1	THOMAS MID	DIE LA	ST/14 RS 13. MOTHERS MAIDEN INA	ALT A	MYER(
MORE,		WAS DECEASED EVER IN U.S. ARME		SECURITY NO. 17 INFORMANT	ADDRESS	
F 50 6	_	NU	230.	-46-140 CHART	- DALGHTER	- SAME AMO
ST., BAL ritificate p physica on poper emovol.		18 CAUSE OF DEATH (Enter only of PART 1. DEATH WAS CAUSED B	one couse per line for (o),	b), ond (c).)	200 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0000	8	IMMEDIATE O	CAUSE (o)	SPICATORY AL	C/C > 57	3/M
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ned by pleo		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	EN IN PART I(a)
PRDS, require require to be reported re	o No					
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir oftending physicion.  Ifter this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or flem 18 shows any injury	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH? NO NO
DF VITA  CLIAN: TI  physici  physici  physici  physici  physici  m 18 sh  d		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT	1 DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
SION OF VIII PHYSICIAN: ending physis this certificot the buriol-tron and Mentol Hy, d or frem 18 s	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
IVISION  IG PHY  ottendin  ottendin  sthe bu  ond M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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R ATTER hospitol hospitol hospitol hospitol hed for upot of Hispit		sow the deceased alive on obove, (1) (we) (did) (did not) v	iew the body ofter death.	19, and that in (my) (our) opinion	death occurred on the date and hou	r and from the couses stated
8 5 6 5 5		22b SIGNATURE	0 '1	DEGREE		22c. DATE SIGNED
1 ÷ = + =		tear a	uca do	m m ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15/22/8/
TO HOSPITAL retoined by 1h TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OR PR	DCICAN,	DRU 22 ADDRESS	RESINE 15	DUTIMORE
of of of with Mark			23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	5-25-81	Pleasant Grove Cemet	tery "Upperco B	alto Md.
DHMH-16 30M 2/80 (VRA 15, 4)		uneral director Elime Funeral Ho	me, Hampstê	id, Md. 21074	E REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWNX ITYPE OR PRINT) ESTI-5-19-81 CHARLTE BRIDGERS DEATH MATED 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. AGETIN YEARS IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 5-19-81 black male 6 DEAD 40 YRS TE BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COLINTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TARBORO, N.C. USA Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FUI 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 623 N.Gay Street FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) RECO 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE 1623 N. GAY ST. 21213 YES X NO [] VIJAL F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, AND OF VIT MJDDIE BRIDGERS, SR. MIDDLE CHĂRLIE **GENEVA JONES** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS LTH AND MENTAL HYGIENE, DIVISION REMATION, OR REMOVAL. NO 242-58-9213 ANNIE L. BRIDGERS 1623 N. GAY ST. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY Carcinoma of esophagus IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? OF HE 20. AUTOPSY? YES NOK BE DEPARTMENT 210. EXTERNAL CAUSE WAS WARDED TO THE PAGE 3 SHOULD B 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION AT WORK NOT WHILE PAGE 4 SHOUID BE FORWARDE.

TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220 I certify that I taak charge of the remains described above, held on Autopsy and in my opinian death resulted from Undetermined manner TITLE (SPECIFY) Assistant DATE 5-19-81 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 5/23/81 BURIAL BALTIMORE, CEM BALTIMORE MD GERGETRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS VR A15 ME (5)) MARCH F/H 1101 E. NORTH AVE 15M 2/80

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BALTO. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

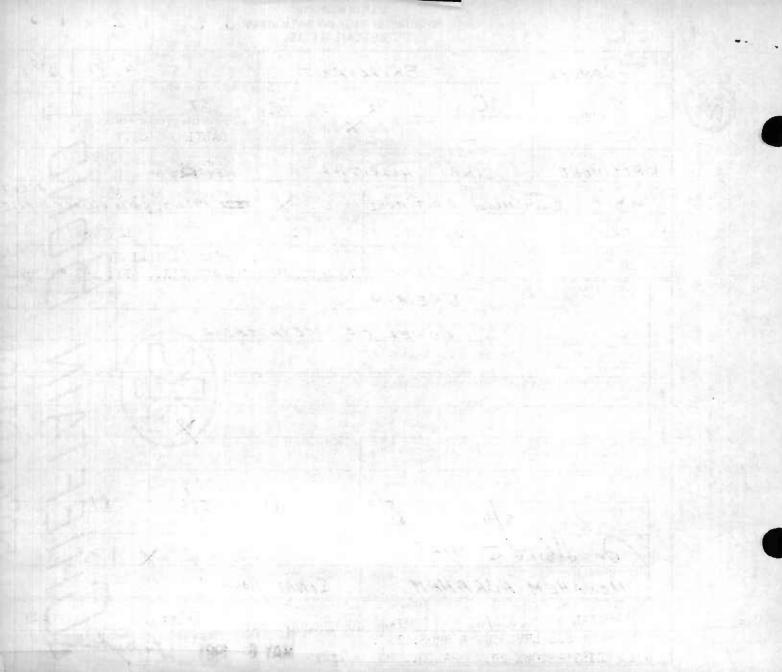
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FOR - STATE

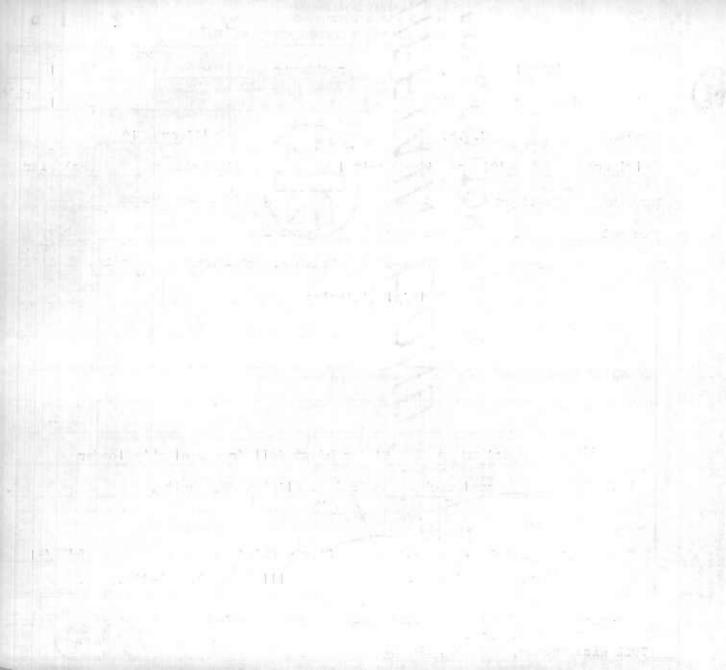
(VRA 15, 4)

6010 REISTERSTOWN RD.

REGISTRAR



5	1-	FOR STATE REGISTRAR		M	STA DEPARTMENT OF EDICAL EXAMI	HEALTI		EDEATH	1 2 G. NO.	3 1	6
		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNOW	MINOM WONTH	DAY YEAR	2b. HOUR
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Y, PLEAURECTO	3. SE	Male	4 RACE White	5. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH	DAY YEA 29 1981	9:22A
SI NO SAR		IRTHPLACE (	STATE OR		VHAT COUNTRY?	YRS.		9 BALTIMORE C	ITY OR COUN		M
NE N	7	REIGH COUNTRY)		U.	S.A.	WIDOV	RIED X NEVER MARR		e City		140
ISTON ST., BALTIMORE, MD. 21201  N. 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE NITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FLES, IT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS NOTE. ALONG WITH FORM PM. 3. RECORDS, 201 W. PRESTON STREET ADVAL.	10. C	Baltime	OF DEATH	II. NAME OF HO	SPITAL, NURSING HOA			120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Electricia	Y (TYPE OF WORK	Coal	
AND 3 THE POLICE RECORD	130. 9	AL RESIDENCE TATE Iarylan	IM COUR	or other institution. NTY ltimore	GIVE RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 934 Elton A	venue		
1, 2, N 3. O 2 Si	and the second	ATHER'S NAM		WIDDLE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
AND AND	5(1)	Michae		J.	Brockmeye		Bernadi	ne		Feehl	ey
FOR I	- C	WAS DECEASE (ES, NO, OR UNKNI	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT			Elton	
PAGI IVISIC	7	es		rean	218-30-5	364	Helen M. 1	Brockmeyer	Bal	to. MD	
MIT.	21	18 CAUSE C	OF DEATH (Enter of	nly ane couse per li	ne far (a), (b), ond (c).)					SETWEEN ON	ATE INTERVAL
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NG" IN PENCIL IN CAL EXAMINER , BURIAL - TRANSI H AND MENTAL H WATION, OR REM	1	gave r	ise to immediate	e / (b)	R AS A CONSEQUENCE	OF					
N. NE		lying co			AU A CONVEGUENCE	. Or					
TH AND	z	PART 2 OTNER S	IGNIFICANT CONDITION	CONTRIBUTING TO GEAT	H BUT NOT RELATED TO THE TEI	RMINAL DISEAS	SE OR CONDITION GIVEN IN PA	RT That			
RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG IN PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	190 DATE O	FOPERATION	19b. CONE	OITION FOR WHICH OPE	RATION	VAS PERFORMED?			20 AUTOPS	Y?
PAN S	FIC									YES 🖸	
O BC	H E		AL CAUSE WAS	21b. TIME C			IOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR P		
ORI	रे हिं	UNDERLYING CONTRIBUT	G XXOR ING CAUSE OF	DEATH 8: 10	M. MONTH DAY YEAR 5 29 19 8	9	subject fel	I from coal s	ship Io	ader	
PRK	ED	THE INTUINA	OCCUBBED	21e PLACE	OF INJURY (AT HOME,	21f. LC	OCATION STREET	CITY OR TOWN		DUNTY	STATE
120	1 2	AT WORK X	NOT WHILE I		I dock	220		on St. Balto		JUNIT	MD.
AND, 2	3/0	72e. I cert	ify that Mook chor	ge of the remains d	eschool change held on	1	Inspectio	n , Inquiry ,	and in my o	pinion	
WITH		3001117,0101	( )	//	118.0	1	TITLE (SPECIFY)	Undetermined manner	<u> </u>		
AT. W		ACTUAL SIGNATURE	1	Durec	1/100	20 N		ie fedical examiner	DATE	<sub>ED</sub> 5/30	/81
TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	2	EXAMINER'S	NAME Th	omas D. S	mith, M.D.				Balto.,		LYTE .
PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, A	23a.E	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY C		23d. LOCATION CITY OR TOWN	COL	UNTY	STATE
		Bu	rial	6/1/81		Heart	of Mary	Dundalk	Baltim		ryland
17	24 F	UNERAL DIRE	Duda .	Ruck, Inc			250. DATE	REC'D. BY REGISTRAR	CALL AND	SIGNATURE	de la
E (5)) 80		7922	Wise Ave	nue, Dund	alk, MD 21	.222	JUN :	2 1981	11/1	/	



DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

DECEASED NAME

and that in (n) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 5/22/81 DIRECTOR PHYSICIAN c/o Maryland General Hospital COUNTY STATE Burial 5/25/81 Loudon Park Cem. Baltimore 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 5 SIGN ATURE 24 FUNERAL DIRECTOR Leonard J. Ruck Inc 5305 Harford Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 2g. DATE OF DEATH MONTH

2b HOUR

12h KIND OF BUSINESS OR

LAST

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STATE

IF LINDER LYEAR

INDUSTRY

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COUNTY

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IF UNDER 24 HRS

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5*	(8)	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
	$\sim$	1. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
	ре ф	(TYPE OR PRINT)  Leonal	rd Smith	Brophy	May 27, 1981 12:15 PM
	Am Pe	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	age 4	Male	Caucasian	Feb. 6, 1915	66 YRS. MONTHS DAYS MICH
	g 35 50	(STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	T dea	Maryland	USA	WIDOWED DIVORCED	Baltimore Maryland MD
201	by the held within	Baltimore /	1616 Poplar	Grove Street	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LEE! INDUSTRY Clerk Tire Wanufacturing
ARYLAND 2120	within 24 hours tely filled in by t should be filed v examine must	USUAL RESIDENCE HE NURSING HOME OR 130 STATE 135 COUN Maryland N/14 FATHER'S NAME	A Baltim	Ore YES X NO I	
MAR	uted and 2		F. Broph	V FIRST	Unknown to Records
BALTIMORE,	and corages 1 a	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?   16b. SOCIAL SEC		ADDRESS
201 W. PRESTON ST.,	w requires that the death certificate sen signed by the attending physician Then please remove carbon papers. Prot burial, cremation, or removal.	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	Penal four	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OR  ANNAL DISEASE OR CONDITION GIVEN IN PART I (g)
AL RECOI	ne la	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
OF VITA	PHYSICIAN: The graphysician. This certificate ha urial-transit perm Mental Hygiene dort tem 18 sho	OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS,	NG ndir ter ne b and and	OR COMINIBOLING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	ATTEN Ital or a ICTOR: or use a of Heal	22a I certify that (I) (this haspit saw the deceased alive an above II) we splid (did no	ol) attended the deceased from	ond that in (my) (aur) opinion	deoth accurred on the date and hour and from the causes stated
	SPITAL OF A LIBY the hospital by the hospital bracked for be detached for state Dept. of TANT: If Item	276 SIGNAYURY	1. Bryse	DEGREE  M.D. ATTENDING PHYSICIAN C	MEDICAL STAFF  DIRECTOR PHYSICIAN 5/28/81
	retained by the TO FUNERAL should be detact with the State IMPORTANT:	William J.	Bryson, M.D.	5772 Westv	iew Mall Balt., Md. 21228
150	BP	236. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		name of cemetery or crematory ownsville Veters	ans Crownsville A.A. Md.
100	DHMH-16 25M	24 FUNERAL DIRECTOR	ADDRESS		TE REC'D, BY REGISTRAR ISA BUSINAR'S SON DIRE
	(VRA 15, 4) 1/79	MacNabb Funera	l Home Catons	ville, Md.   MA	7 2 8 1981

8		FOR			DED A DY MARNIT	STATE OF	MARYLAND			1 0	2 73	0
4	1	STATE REGISTRAR					TH AND MENT		TH	1 4	0 %	0
		ECEASED NAME	FIRST		MIDDLE	THITEK J	LAST	L OI DEA	20. DATE KNOW	G. NO.	DAY YEA	AR 26 HOUR
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CTO CTO	3. S	EX 4. F	RACE	5. DATE OF BIRTH	6. AGI		UNDER 1 YR. IF U	NDER 24 HRS.	2c. DATE	MONTH		
188A	1	emale	white	Sept.27	LHU!	8 YRS.	NTHS DAYS HOU	IRS MIN'	PRONOUNCED DEAD	5	26 19 8	
[歌]		BIRTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUNTRY?	8	RRIED   NEVER /	MARRIED []	9 BALTIMORE	ITY OR COU		
NAME OF THE PERSON OF THE PERS		Maryland	17.7	U.S.A.		WIDO	OWED TO	VORCED	Baltimo	re City	1.	MD.
SEG H	10.	CITY OR TOWN OF	DEATH		SPITAL, NURSING		THER INSTITUTION	FOR	MOST OF WORKING HE	N (TYPE OF WORK		BUSINESS
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		STATE Md.	13b COUN		13c. CITY OR TO	WN	13d. INSIDE CITY LIN		York Ro	oad		
MD. H.	14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S /				LAST	
DEETH. DEATH. GES 1. M PM AND 2	00	Geor	ge Stev	ens				Hester	Williams	on	1001	
TIMORI TER DE F PAGE FORM SES I AN	160	(YES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17. INFORMAN		IDA	DRESS		
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HOURS M 18. G WG WIT. P RMIT. P NE, DIN		18. CAUSE OF DEATH	H VA/ A S / ALLISET	ly one cause per line DBY:				The second			BETWEEN OF	NATE INTERVAL
STON SI V 24 HO N ITEM I T PERM VGIENE		434	IMMEDIAT	TE CAUSE (a) A	CTECLOSCI AS A CONSEQUE		cardiov	ascular	disease			
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201 IN FE EXA		lying cause le	ast.	(c)_								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA SE 3 SHOULD BE USED AS A BURIAL. TRANISIT PERMIT PAGES 1 AND 2 SHOULD RE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITALRED	N		ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	IE TERMINAL DISE	ASE OR CONDITION GIVE	N IN PART 1 (a).				
L REAL	CERTIFICATION	190. DATE OF OP	ERATION	196. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	?	7 - 7 - 5		20 AUTOP	SY?
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ISAAA.			OT WHILE T	STREET, FAC	TORY, EARM, ETC.)	JME, 1211. L	STREET		CITY OR TOWN	C	OUNTY	STATE
ATE, T ORW PR: P UD: 2		22a I certify th	not I taak charg	e of the remains de	scribed above, held	on Auto	opsy , Insp	pection X,	Inquiry .	ond in my i	pinion	
MINING THE PER PARTY AND THE PER PER PER PER PER PER PER PER PER PE		death resulted f	rom: Natur	ral couses X,	Accident .	Suicide	, Hamicide		ermined manner			
EXA CERT DILD F WAR		ACTUAL	1	11000	M		TITLE (SPECI			DAT		7 04
SHO SHO		SIGNATURE	AV	VVQV	X0		M.D. ASSIS	tant MED	ICAL EXAMINER	SIGN	5-Z	7-81
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAGE RE DEATH, WITH THE STAME.	2	EXAMINER'S NA (TYPE OR PRINT)	ME Anr	n M. Dixo	n, M.D.		_ADDRESS	111 Pen	n St.			
PATA	23a	BURIAL, CREMATIO			0.0		OR CREMATORY		OCATION		UNTY	STATE
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STATE OF MARYLAND

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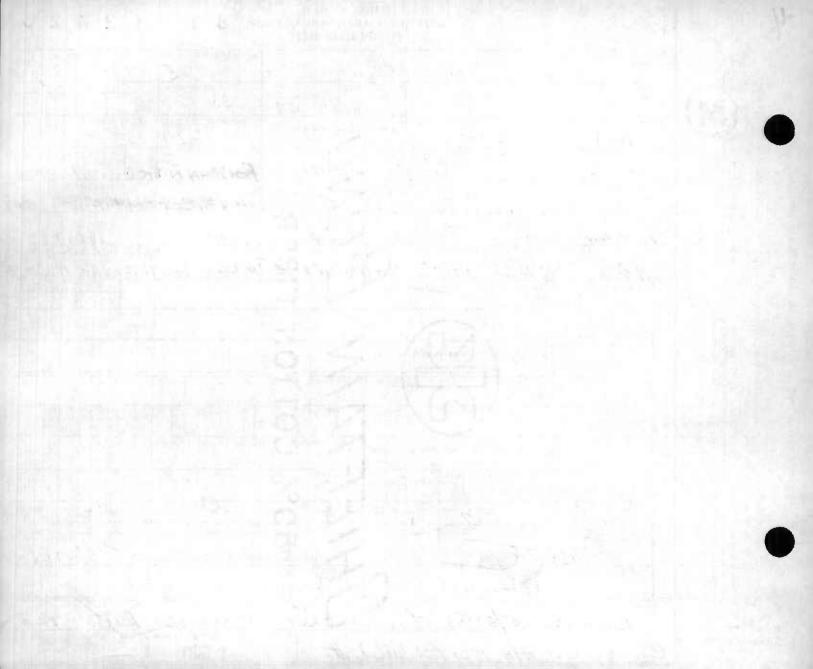
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STATE OF MARYLAND

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4	3. SE	m	3 MONTH DAY YEAR 4 23 93	AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS YRS.	DAYS HOURS MIN.
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YLAND 2 rthin 24 h.	130.	ATHER'S NAME	Y 13c. CITY OR TOWN 13d INSIDE OF LIMITS? 13c	H23 School 4	ANERE?
MAR.		WILLIAM 1-		ADDRESS 1423 Sec	Norris
, BALTIMORE, ifcote be executively by sican and copapers. Pages invol.		YES WV	war OR DATES)  171-20-876 MFS MANIE JA  one cause per line far (a), (b), and (c).)	ekson Kutherv	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
res that the death certificate by the ottending phy please remove carbon privial, cremotion, or removiral, con anter traumotic even	NO	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO			
AL RECORDS, The law required to the sign of the seen sign of the permit. They remember to the prior to be nows ony injury.	CERTIFICATION	190 DATE OF OPERATION		200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
NG PHYSICIAN, The International Physician. When this certificate has os the buriol-transit per thank mental Hygiene and Mental Hygiene orked or them 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M. 19  21e. PLACE OF INJURY 21f. LOCATION	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
OR ATTENDI Hospital on DIRECTOR: A ched for use Dept. of Heal	WE	WHILE NOT WHILE 21 WORK  220.1 certify that of (this haspital saw the deceased alive an above, (1) (we) (did) (did nat).  220. SIGNATURE	view the body after death.  DEGREE  ATTENDING _ A	ta	, that (I) (we) lost
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined with the State I IMPORTANT: #		22d PHYSICIAN'S NAME (TYPE OR P	tlemun Singi	( hospital	
501 BP		(SPECIFY) Bureal	5/21/81 Pleasant Rest	100 SOU BULL	to mil
DHMH-16 30M 2/80 (VRA 15, 4)	(	hutnan	7/H 1701 Mac Cullah St 1250. DATE RE MA	CD. BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE A GLASSIA



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	8		1	2	3	2	
CERTIFICATE OF DEATH	T.	REG. NO.		bet			34

R R	TATE EGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEA	ASED NAME	· FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(1112 0)	r en en	T.	Ke	nneth	Br	own	May 22	, 1981		4:30P,
3. SEX			4. RACE	CS THE	5. DATE C		6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whi	ite	Ma		62	YRS.	MONTHS	HOURS MIN.
Ja BIRTH	HPLACE (STATE OF	REFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
Penr	nsylvania	a	USA		WIDOWE		Baltimo	re Cit	v	M
10 CITY	OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	125. KIND C	F BUSINESS OF
Ba	ltimore	. 1		land Gene		Mospital	Engineer		(E) INDUSTRY	
	RESIDENCE (IF NUI	I I I I CUI	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDECITY LIMITS?	13e. STREET ADDRESS			
	id.	A	A	Severna		YES NO	203 Ma		k Road	
14 FATH	ER'S NAME		110015			15. MOTHER'S MAIDEN NA	ME			
Tł	nomas	M.	MIDDLE	Brown		Irene	MIDDLE		ŁAS	ÞΤ
160 WAS	DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADD	RESS	P375.01	21202
(YES.	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	379-12-5	497	Maryland Gen	eral Hospit	al 827	Linder	n Ave.
PA		e lost.	(c)		DEATH BUT	NOT RELATED TO THE TERM	State of	Strate of		
CERTIFICATION 180	DATE OF OPERA	ATION	196 CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	OF DEATH?
1 0	O. ACCIDENT WAS UP R CONTRIBUTING [	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		URY IN ITEM 18, P	ART 1 OR PART 2)	
- W	d. INJURY OCCUP	WHILE	21e PLACE ( (AT HOME STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
22	ol certify that a	sed olive on	tol) ottended the May 22 (1) view the body	ofter death.	31, or	30, 19 81  Indition (m (our) opinion DEGREE  ATTENDING PHYSICIAN [	_ MEDICAL _ ST.	dote and hou	r and from the	
22	d PHYSICIAN'S N Harry E		vino, M.	D.		22e ADDRESS	nd General			
230 BUR (SPEC		, REMOVAL	23b. DATE 5/23	181 236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

FOR

Balto., Md.

DEP

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

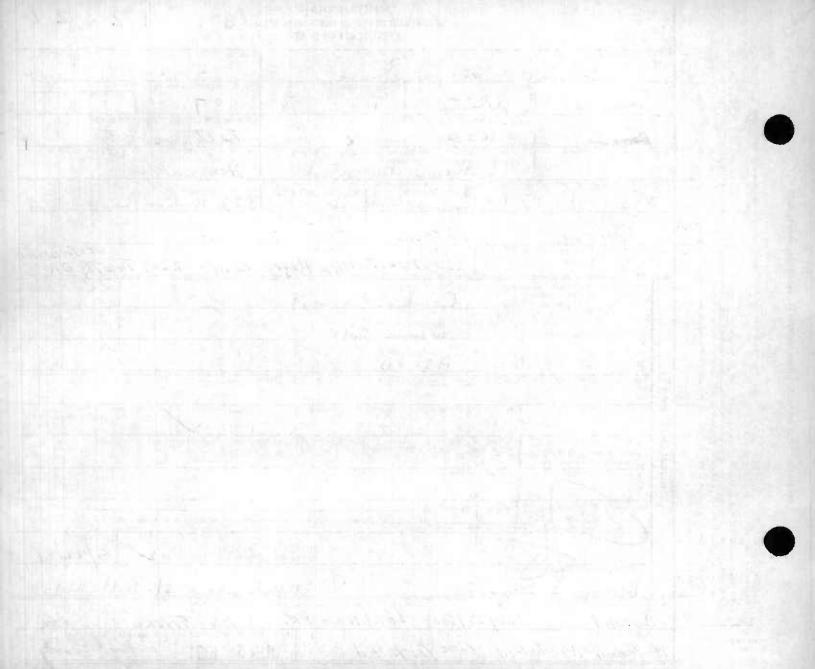
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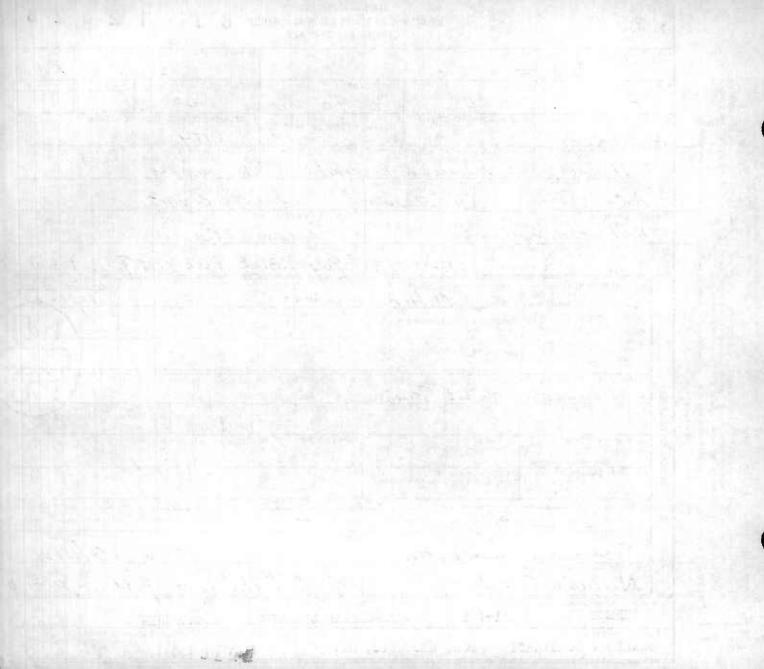
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3	1-	FOR STATE REGISTRAR		STA DEPARTMENT OF DICAL EXAMIN	HEALTI			REG. NO.	2 3	2	5
2024	{TY!	CEASED NAME FIRST PE OR PRINT)  ANNA			ROYLE		Of	E KNOWN	5-18 DAY	781 19	26 HOUR
DEATH. IF ANY DELAY IS NECESSARY, PEGES 1, 2, AND 3 TO THE FUNERAL DIRECTION OF SHOULD BE FILED, WITHIN 72 HOUT SHOULD BE FILED, WERSTON STEELD SHOULD BE SHOULD BE SHOULD		ale white	5. DATE OF BIRTH MONTH DAY Aug. 10,			NDER 1 YR. IF UNDER	MIN: PRONC	DUNCED	5- <b>1</b> 8	81	a m
NECESS FUNERA 5 FOR WITHI	Ba	REIGN COUNTRY)  Ltimore, Md.  TY OR TOWN OF DEATH	U.S.A		WIDOV	IED NEVER MARR	ED Bal	timore city or timore C	ity		MD.
DELAY IS TO THE DS. 201	B	altimore  AL RESIDENCE (IF IN NURSING HOME)	Baltimore	PITAL, NÜRSING HOMI CE <b>CITY EHOS</b> DI	tal	1ER INSTITUTION	House	CUPATION (TYPE C WORKING LIFE) KEEPET	HOEWORK HO	IND OF BUSTR DS pit	a l
F ANY AND 3 NOULD RECORD	13a. S	Md. 136 COUN		Baltimo.		13d. INSIDE CITY LIMITS? YES NO	128 1	V. Luze	rne A	venu	6
ORE, MD DEATH. GES 1, 2 Wh PM 3 I AND 2:		ATHER'S NAME Harry	WIDDLE	Swain		15. MOTHER'S MAIDE	ENNAME	WIDDIE	Fi	sher	
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TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE OFF BALTIMORE, MARYLAND, 21201 PR		27a. I certify that I took charged death resulted from: Nature ACTUAL SIGNATURE	ge of the remains described for the remains	Accident , Su  Dolan, M.D		Homicide TILE (SPECIFY) ASSISTAT	Undetermined  Tt  MEDICAL EX  Penn Str	monner	SIGNED	5 <b>-1</b> 8-8	142
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y be ge 3 leoth		CEASED NAME FIRST OR PRINT)	Modele Bri	A CC	20. DATE OF DEATH MONTH	6-81 6:50 PM
Page 4 may be director, page 3 hours after death	3. SE	Female	RACE 5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	
funeral di rthin 72 ho		Penna	U.S. a WIDOWE	904	9. BALTIMORE CITY OR COU	city MD.
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y filled in should be	130.	TATE THE THE THE THE THE THE THE THE THE T	12 CITY OR TOWN	13d. INSIDE CPY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NAM	130. STREET ADDRESS Harlen	Large
d complete	7	VAS DECEASED EVER IN U.S. ARME	WaTKINS	MI FIRST R	MIDDLE ACRAFT.	LAST
S. Pog		VAS DECEASED EVER IN U.S. ARME YES, NO PRUNKNOWN) (IF YES, GIVE W.		MRS. Roger		Westminster TIMOTK TO THE TIME TO THE BETWEEN ONSET AND DEATH
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremation, or removal. injury, or other traumatic event, the	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	CHF	INAL DISEASE OR CONDITION	
The law reician.  te has been sit permit. Glene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		YES NO IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
phys phys tifico litror fol Hy m 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM	18. PART 1 OR PART 2}
DING PHYSIC or ottending After this cert e as the burial olth and Ment marked or Iter	MED	21d. INJURY OCCURRED  WHILE  AT WOOK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENI pital TOR: for us of He 21 is		27s. I petrify that (i) (this dospital) saw the deceased alive by above, (i) (we) (did) (didnot) v  27s. SIGNATURE	iew the body after death.	d that in (my) (our) opinion o	death occurred an the date and	hour and from the couses stated
by the hby the hby the by the by the by the both ERAL DIR State Department of the both by	-	22d. PHYSICIAN'S NAME LIYEEORPH	7-11	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/81
TO HOSPITAL OR A retolined by the hos TO FUNERAL DIRECT should be detroched with the State Dept.	20-	Henry J. S	rcerio	730 Ash	bunton st.	Balt. Md.
ВР		BURIA/		RAINE PK,	23d. LOCATION CITY OR TOWN BAITING	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	17	Interal director Wickey	Gld 6500 YORK R	d JU	E REC'D. BY REGISTRAR 256. REGIN 5 1981	Jay Keling





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	4. тоу		3. SE		4 RACE		5. DATE OF E	BIRTH DAY YEA		(IN YEARS LAST BIRTH		1 YEAR IF UNDER 24 HRS. DATS HOURS MIN.
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ORE	been Th	prior to any inju	CERTIFICATION	19a DATE OF OPERATION	1 July	IT ON FOR WHICH	OBERATION	clore	20- 4	UTOPSY?	0b. IF YES, WERE I	ENIDALOGUES
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O. S.	SÍCIAN: Ting physicial certificate	5 5 9		OR CONTRIBUTING CAUSE OF E	26 71111	M. MONTH D	AY YEAR					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 2a. DATE OF DEATH MONTH DAY MAY 5. (TYPE OR PRINTS POND BULLOCK 1981 12:45AM & AGE (IN YEARS (AST BIRTHDAY) 4. RACE IF UNDER I YEAR 3. SEX 5 DATE OF BIRTH MONTH 18 DAY 26 MALE BLACK 55 70. BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED XNEVER MARRIED NORTH CAROLINA BALTIMORE CITY WIDOWED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS" HOPKINS "HOSPITAL BALTIMORE DISABLED USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 131 NORTH ASQUITH 136 COUNTY 13d INSIDE CITY LIMITS? MARY LAND BALTIMORE YES XX NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST JAMES BULLÜČK ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST LUCY BULLOCK JONES 131 ASQUITH ST. 239-48-9582 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic trest PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Cancer かいそらくそのから Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost oma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ö CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated obave, (1) (we) (did) (did nat) view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be detack with the State DIMPORTANT: IF DIRECTOR PHYSICIAN PHYSICIAN FUNERAL 22d PHYSICIAN'S NAME (TYPEOR PRINT) 77e ADDRESS EATING 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY NORTH CAROLINA REMOVAL 5 6-81 WILLIAMSTON ODDFELLOWS BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 E. L. PHILLIPS FUN. HOME 1727 N. MONROE ST (VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN DO 7b. HOUR 20. DATE (TYPE OR PRINT) ESTI-M. Burchett James 1981 DEATH MATED JRS AFTER DEATH. IF ANY DELAY IS NECESSARY, REASE 8. GIVE PAGES 1, 2 AND 31 O'THE FUNISAL DIRECTOR. WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, 4. RACE 6. AGE (IN YEARS 2d. HOUR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE YE AR PRONOUNCED 1.081 white 12:20 male 45 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH AM To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore City Hospital FOR MOST OF WORKING (IFE) Baltimore Supervisor rinting USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY Baltimore 13d. INSIDE CITY LIMITS? 802 Stoll YES 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Everett Lona Wilcox Burchett 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-44-8519 Viet Barbara Burchett Same as Nam CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 MEDICAL CERTIFICATION IF WRITING THE WC...

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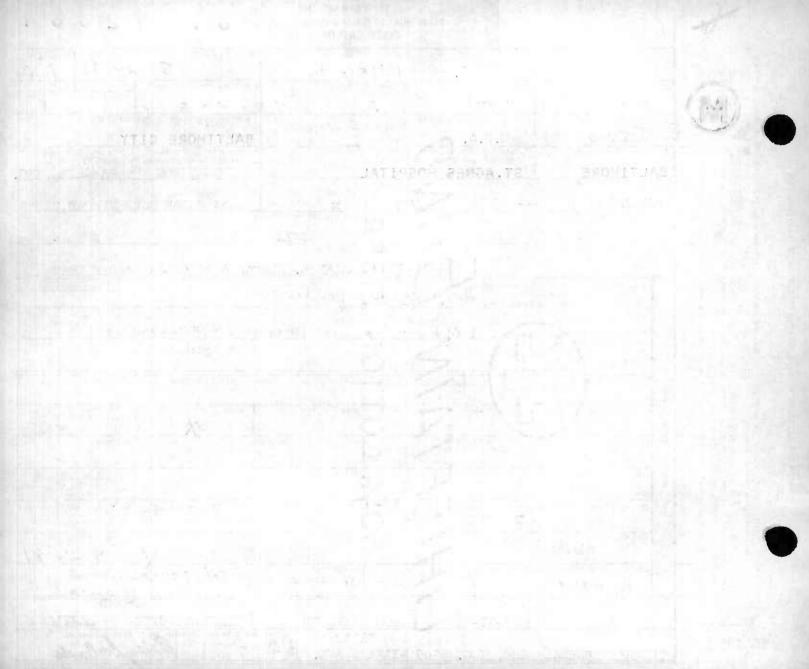
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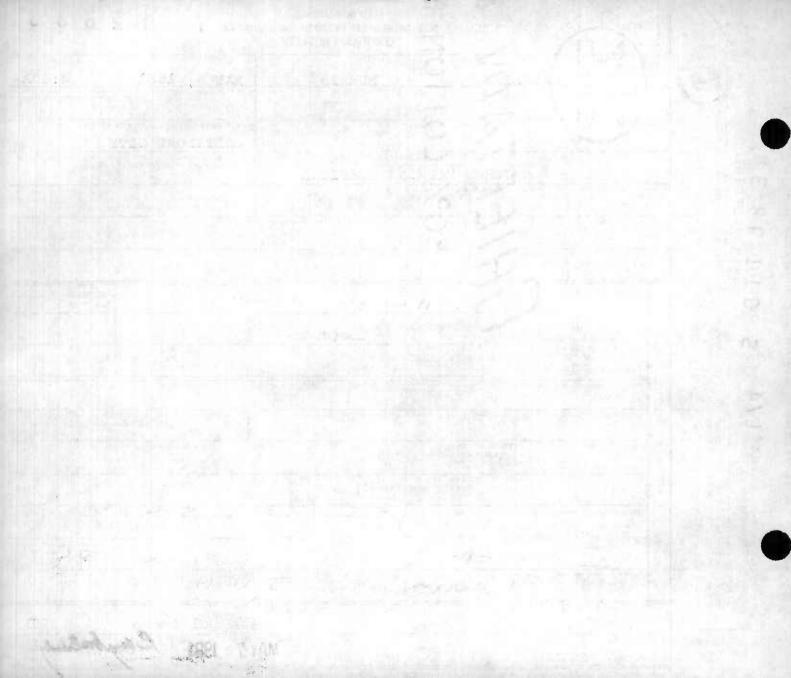
T. B. AND E. Stranders. III (another med 1-THE REPORT OF THE PROPERTY OF

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	N. W.				U.S.A.			WIDOW		DIVORC			timor		/		MD.
	Y SHED STAN	1	ITY OR TOWN		11. NAME OF H	OSPITAL, NU H FACILITY, GIVE S		, OR OTH	ER INSTITU	TION		AL OCCU	PATION (TO	PE OF WORK	12b. KIND OR IN	OF BUS DUSTR	Y
	PE PE PE		Baltimo		3731	Belle	Avenue				Ret	ired	S.S.	I.			
21201	ANY CAND 3		AL RESIDENCE Md.	(IF IN NURSING HOME (		13c. CITY	e BEFORE ADMISSION OR TOWN alto.	)N)	13d. INSIDE CI		13e. STRE	ET ADDR	ess Belle	Ave.			
E, MD.	ESTH. IF ES 1, 2, PM 3, NND 2 SI	14. F	ATHER'S NAME		LAST		15. MOTHER'S MAIDEN NAME FIRST MIDDLE				LAST						
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N ST., a	UID BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELAY IS NECESSARY, PLEASE "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. FOR MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ED AS A BURIAL -TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITHIN 22 HOURS HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET.		18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))										OXIMATE I N ONSET	NTERVAL AND DEATH			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	CERTIFICATE WITING THE WEDED TO THE E 3 SHOULD E DEPARTMEND TO THE E	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH F	of Injury A.M. month P.M.	19		YAULMI WC	OCCURRE	D (ENTER N	IATURE OF IN	JURY IN ITEM 1	BPART 1 OR P	ART 2)		
DIVIS	WRITIN WARDED PAGE 3 S TATE DEP	MED	214 INJURY C	NOT WHILE C	STREET E	E OF INJURY			CATION			CITY OF TO	WN	cc	DUNTY		STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		22a i certif death resulte	y that I taak charged from: Natur	ge of the remains or	described obe		Autops	, Hamic			Inquiry ermined m		and in my o	pinion		
	E THE CE SHOUL SHOUL SEATH, V ORE, MA		ACTUAL SIGNATURE_	Virgini	z LOva	mnn		M.		istan	+ MEDI	CALEXAM	MINER	DATE	ED 5	-11-	-81
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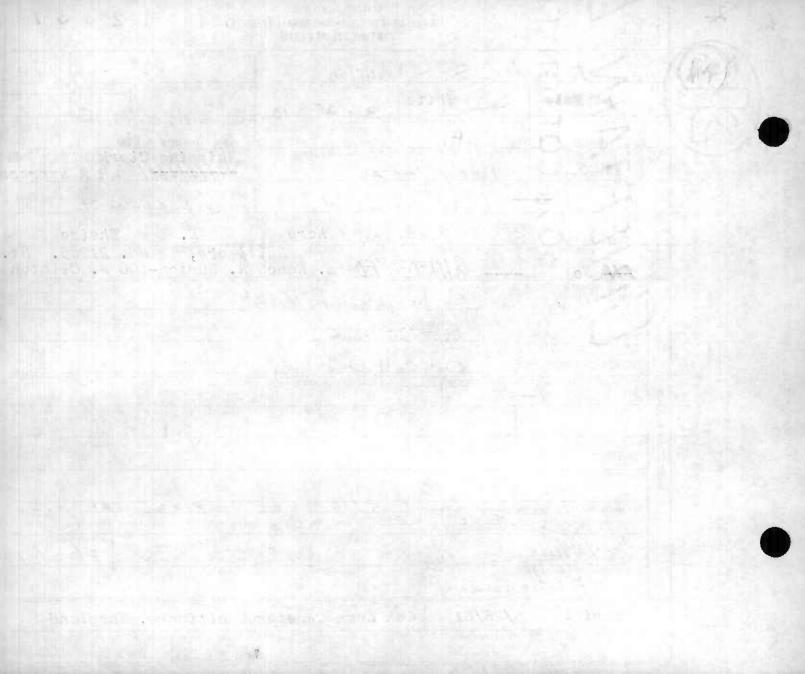


8	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE 8	i	2 3	3 6
		CEASED NAME FIRST	A	AIDDLE	Ĺ	AST		20 DATE OF DEATH MONT	H DAY	YEAR 2	b HOUR
2 4	(TAME	Robert		E.	BU:	RRIS		5	5	1981	6:30P M
ge 4 may	3. SE	Male	4. RACE Cauca	sian	5. DATE C	DAY	1 <sup>YEAR</sup> 1929	6. AGE   IN YEARS LAST BIRTHDAY	YRS.	INDER I YEAR	FUNDER 24 HRS
1 Jon 22 00 C	Je. BI	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MAR	RRIED 🗍	Baltimore city or co	UNTY OF		MD
d the		TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HEACHITY, GIVE STREET	IG HOME C	R OTHER INSTITU	TION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR Security Guar	KING LIFE)	126. KIND OF I INDUSTRY	
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MA sed MA		George		Burris		Lot	tie	MIDDLE		? <sup>LAST</sup>	
be executed on and camp on and camp e medicoless	P	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN)	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 215-24-		17. INFORMANT		ADDRESS Burris Abov	/e		
i ST., BAL: certificate ng physicis banpaper: removol.	A	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART 1. DEATH WAS CAUSED BY: Probable pulmonary embolism IMMEDIATE CAUSE (a)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes	
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DIVISION C ING PHYSIC r after this ce as the buric th and Men	MEDICAL	21d. INJURY OCCURRED NA WHILE NOT WHILE AT WORK	21e, PLACE ( {AT HOME, STR	OF INJURY NA EET, FACTORY, OFFICE, F	ARM, ETC )	216 LOCATION STREET	NA	CITY OR TOWN		COUNTY	STATE
TENDI rtal or OR: A or use f Heal		220. I certify that (1) (1) (1) saw the deceased alive an above, (1) (1) (1) (1) (1) (1)	4-	24- 19	81 . or		19 <u>81</u> Ki opinion d	, to 5-5- eath occurred on the date or	, 19. nd hour ar	81 , the	ot (I) <b>%</b> e) last uses stated
AL OR ATT the hosp AL DRECT AL DRECT detached fo ofe Dept. of		Paymond	E.Km	owless.	H.D.	DEGREE ATTE PHY	ENDING SICIAN	MEDICAL STAFF		5-6-8	
TO HOSPITAL OR retained by the h TO FUNERAL DIR should be detach with the State Deep Home of the State Deep Home o		Raymond E. Ki		Jr., M.D		22e. ADDRESS		Place, Balti		,Maryla	and 21202
/803 BP	23a. B	URIAL, CREMATION, REMOVAL SPECYY) D. WWW.	236. DATE 579	181 2	11 ~	EMETERY OR CRE	Sem.	23d LOCATION CITY OR TOWN LEW BURN	el.	OUNTY	STATE
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orh. Page 4 erol director 72 hours aft	7a. B	OUNTRY)	( 17	_ 25 - 13 ED ( NEVER MARRIED	68 9 BALTIMORE CITY OR	
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TO HOSPITAL O retoined by the TO FUNERAL D should be detact with the State D IMPORTANT: IF I		22d PHYSICIAN'S NAME (TYPE) OR PRINT)  F. WIEGH	ANN	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	and 5/22/81
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DHMH - 16 50M 1/81 (VRA 15, 4)	24. F	NERAL DIRECTOR John A. Moras NAME 3000 E. Ballima		250 DATE	REC'D. BY REGISTRAR 25	Sb. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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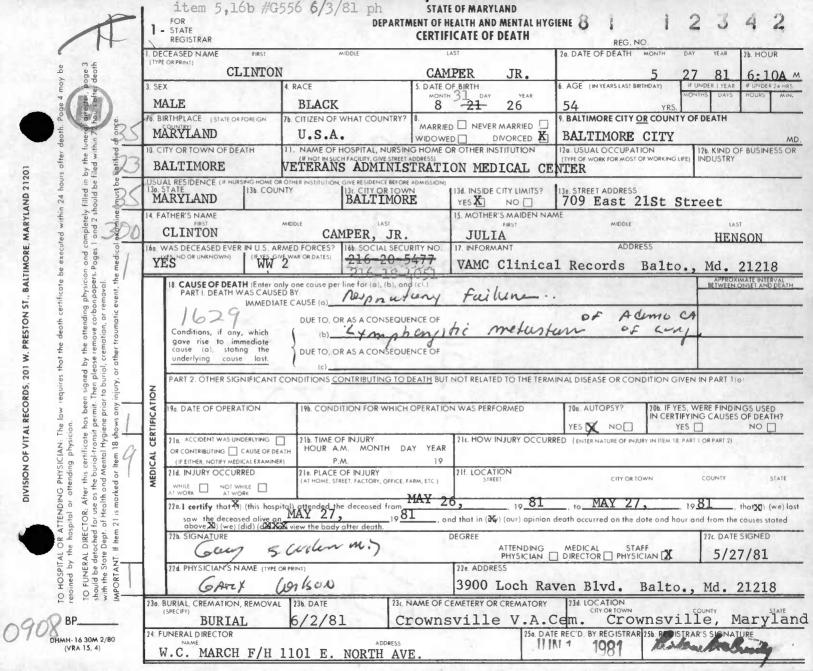
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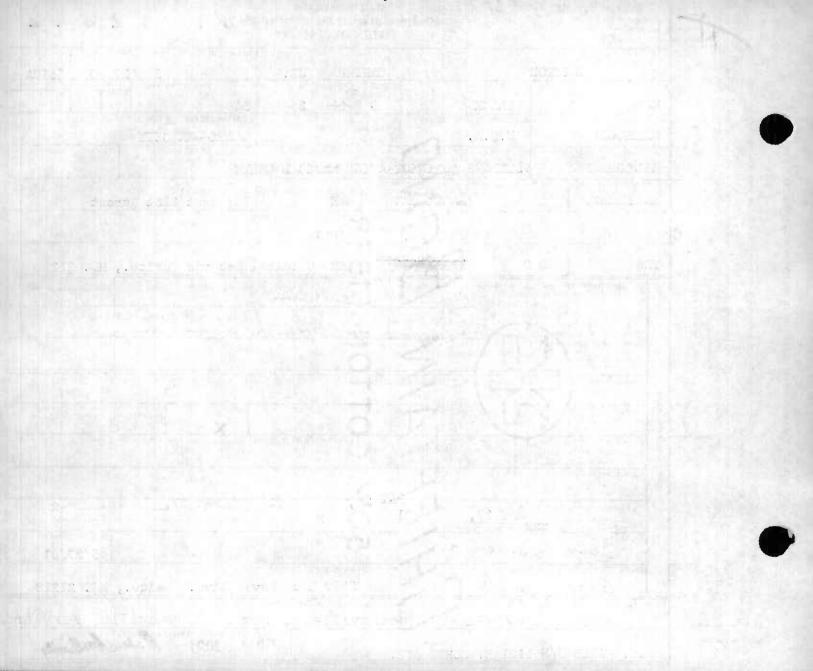
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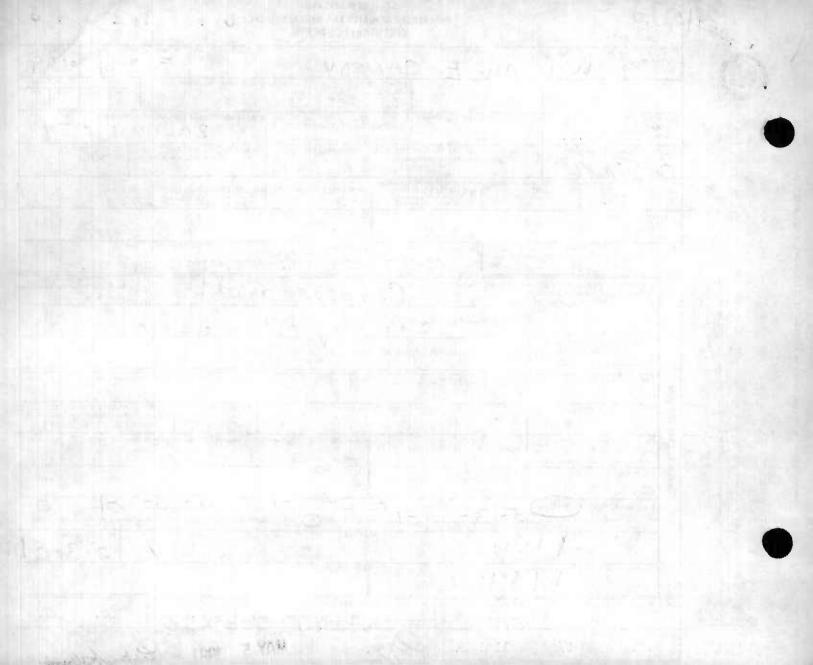
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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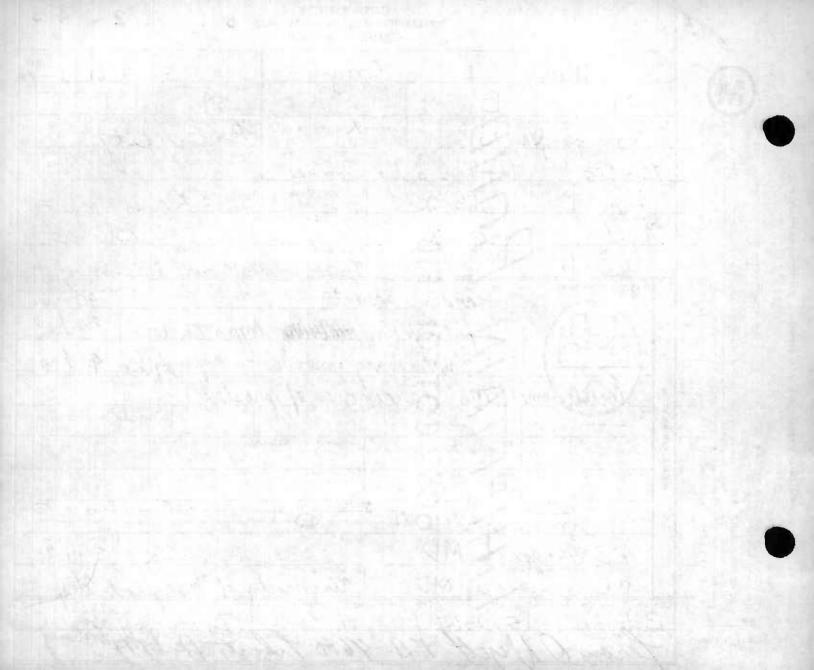
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low os be os bermit ne price	The same	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO			YES	NO IN CER	TIFYING CAUSES YES	NGS USED OF DEATH?
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OR ATTENDIN e hospitel or DIRECTOR: Aft cyched for use or Deep: of Health	nem z i is n		220 I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did 22b. SIGNATURE	n 5/26	19		od that in (my) (	our) apinian	, ta death accu	erred on the date and h		
PITAL by th ERAL e deto State	H A A		Praria Sto	E OR PRINT)			22e ADDRESS	1 4		OR PHYSICIAN	5/2	6/81
TO FUN should be with the		23e. i	BURIAL, CREMATION, REMOVA SPECIFY Burial	23b. DATE May 30	1		EMETERY OR CI	REMATORY		cation City or town Baltimore	COUNTY	land
DHMH-16 30M 2/80 (VRA 15, 4)		24 F	INERAL DIRECTOR Leonard J. Ruc							Y REGISTRAR 256. REP		URE

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STATE OF MARYLAND

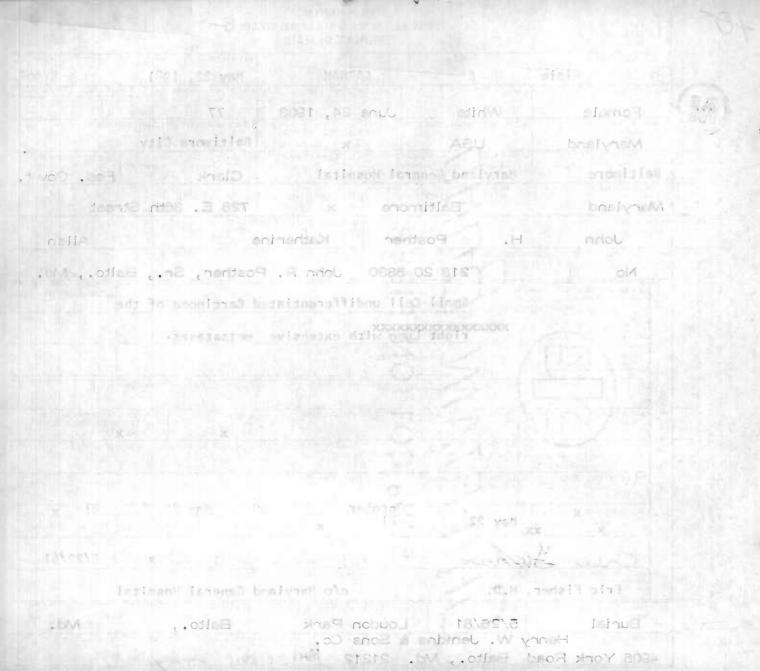


		FOR STATE REGISTRAR		DEPARTME	NT OF HEALT	MARYLAND H AND MENTAL HYG IE OF DEATH	IENE 8-1	10.	2 3	4 6	
		CEASED NAME FIRST EISTE	MIDDLE		CARI	IAN	May 22.	MONTH DA	Y YEAR	26 HOUR 8:00a	
)	3. SE		4 RACE White	5	DATE OF BIR	TH OAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER LYEAR	IF UNDER 24 HRS.	
5		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT  USA  11. NAME OF HOSPI		VIDOWED []		9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City				
18	Ва	altimore	Maryland	Genera	1 Hospi		(TYPE OF WORK FOR MOST		INDUSTRY	Gov't.	
15	13a. S	al RESIDENCE (IF NURSING HOME STATE 13b. CO laryland	UNTY 13c. C	SIDENCE BEFORE AD ITY OR TOWN Saltimor	113d	NSIDE CITY LIMITS?	13e. STREET ADDRESS 728 E. 3	treet			
00		ATHER'S NAME FIRST  John	MIDDLE	Posthe	r	Katherin	MIDDLE		Allen		
1		VAS DECEASED EVER IN U.S., A YES, NO OR UNKNOWN) (IF YES, A NO	GIVE WAR OR DATES)	OCIAL SECURIT		John R. F	Posther, S		alto.,	Md.	
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1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	BEATH HOUR A.M. A	MONTH DAY	YEAR 19	LOCATION	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	¥	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FAC		ctober	STREET	CITY OR TOWN COUNTY ST				
		22a I certify that M (this has sow the deceased alive a above. M (we) (did) (did 22b. SIGNATURE	May 22 X X view the body after of	osed from	81, and the DEGR	t in (mg) (our) opinion ( EE ATTENDING PHYSICIAN	80 , to May 22 , 19 81 , thot & n deoth occurred on the dote and hour and from the causes start DIRECTOR ☐ PHYSICIAN ★ 5/22/81				
1		22d PHYSICIAN'S NAME (TYPE			22e.	d General H	ral Hospital				
	23a E	BURIAL, CREMATION, REMOVA				ERY OR CREMATORY	23d. LOCATION CITY OR TOWN Balto		COUNTY	Ad	

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

<sup>24 FUNERAL DIRECTOR</sup> Henry W. Jenkins & Sons Co MADE SONS CO 4905 York Road Balto., Md. 21212

DHMH-16 30M 2/80 (VRA 15, 4)

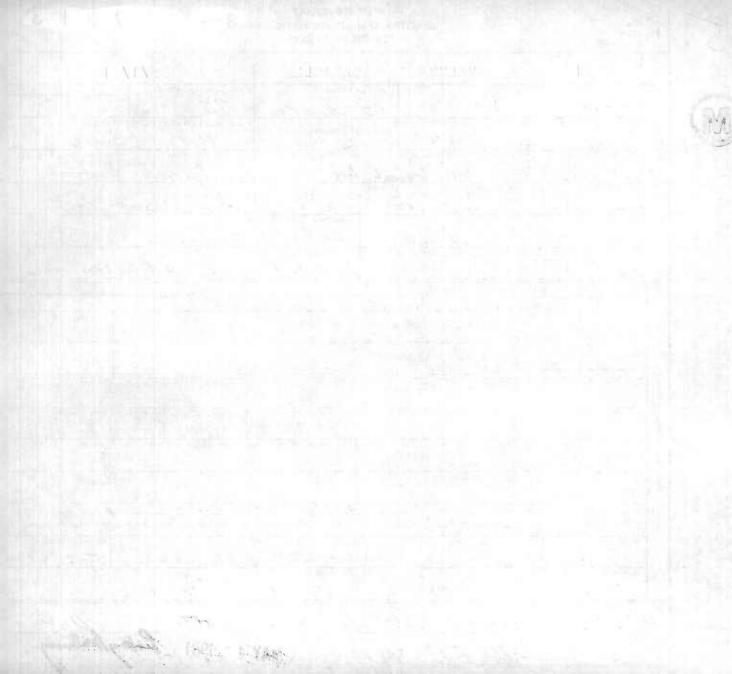


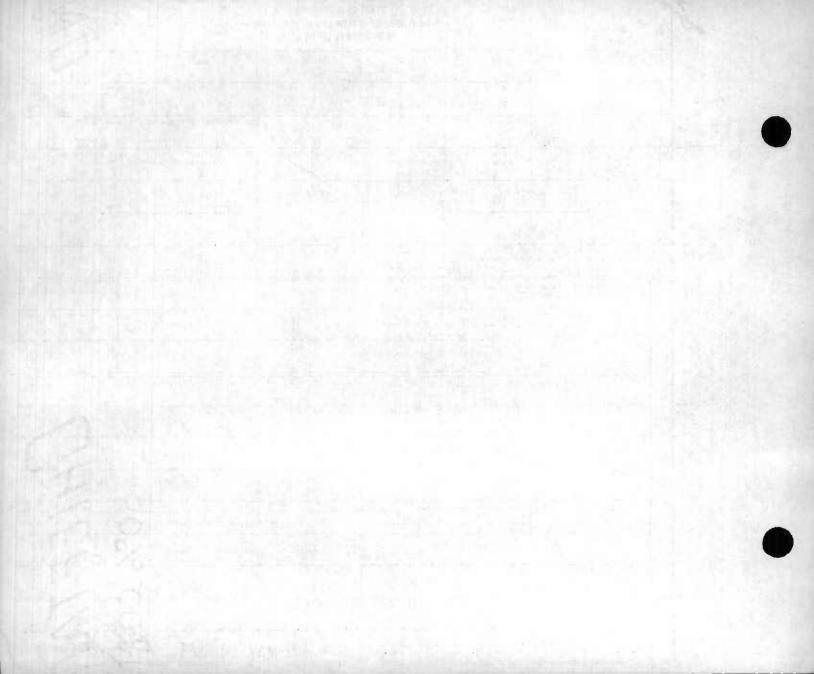
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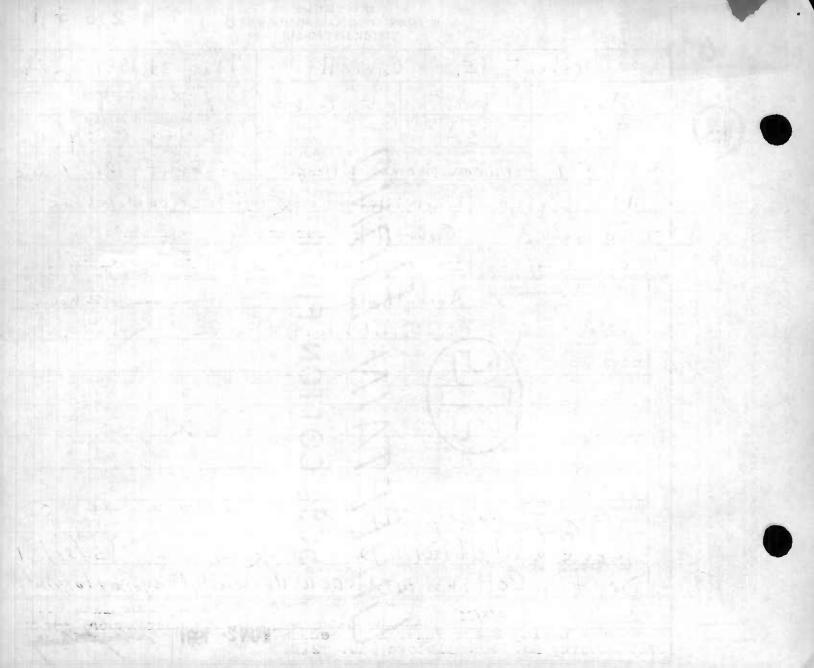
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Her 11 For 5	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIEN REG. NO.	12349
Funeni home 5/6 R.T. & The		CEASED NAME FIRST	EVELYN	CARROLL	20 DATE OF DEATH MO	ONTH DAY YEAR 2b. HOUR
to a to bo	3. SE	Female	4. RACE black.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
		IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	/ 1 / /	THO
Ol to the fundamental of the fun	10.0	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 38//	NG HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	N 126 KIND OF BUSINESS OR INDUSTRY
ND 212	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	13d. INSIDE CITY LIMITS?	. , , ,	Thash AVE
MARYLA mpletely and 2 sh	14 F.	ATHER'S NAME FIRST	MIDDLE BRISCO	15 MOTHER'S MAIDEN I	NAME  TESS SELLS	LAST
MORE, I	16a \	WAS DECEASED EVER IN U.S. AR			Roed 38	II Wabash Ave
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The law requires that the death certificate be executed within 24 harmers attending physician.  ther this certificate has been signed by the attending physician and completely lifted in by as the burial-transit permit. Then please remave carban papers. Pages I and 2 should is the nand Mental Hygene prior to burial, cremation, or remaval.  and Mental Hygene prior to burial, cremation, or remaval.	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	ENCE OF	rminal disease or condi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  TION GIVEN IN PART 1(0)
ITAL RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
ISION OF VITAL R PHYSICIAN: The I ending physician. this certificate has he burial-transit pe and Amental Hygene did are them 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER NATURE OF INJURY)	
DIVISION  NG PHY ottendin  ther this ss the bu	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIAL OF SPITCH OF SPI		saw the deceased alive on above, (1) (we) (did) (did hat			on death accurred on the date	1991, that (I) (we) lost e and hour and from the couses stated
OR he ho DIRE		22b. SIGNATURE	9.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State		10RG67	500049	220 ADDRESS	. Faller	an
1511 BP	230.	BURIAL, CRÉMATION, REMOVAL SPECIEY)  SURIAL	23b. DATE 05-04-81	Valuatus Park	23d. LOCATION CITY OF TOWN	, COUNTY MOLENTE
DHMH - 16 50M 1/76 (VR A 15 (4) )	7	Charge O- N	yett F HOOPESS	4610 Tel	ATE REC'D. BY REGISTRAR 25	AR'S RE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH TYPE OR PRINTI arro 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION moria BALTIMORE, MARYLAND 2120 JUSUAL RESIDENCE (IF NUMSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 400 Seven Mile Cane 4 FATHER'S NAME Millen Barbara M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mr. and Mrs. Thomas B. Carroll (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-92-6390 3400 Seven Mile Lane, Baltimore, MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 2 hours IMMEDIATE CAUSE (a PRESTON heart disease Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF otho underlying cause DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO [ 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDIC/ (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (his haspital) attended the deceased fram. may3 May 61 ond that if (my) (our) opinion death occurred on the date and hour and from the couses stated abave, I) we would did not view the body after death DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Westmore Land Co. CATE Burial 6/3/81 Irwin Union Cem North Huntingdon Loring Byers Funeral Directors By R BY R DHMH-16 30M 2/80 8728 Liberty Rd. Randall Stown, MD. (VRA 15, 4) 21133



24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

21212

4905 York Road Balto., Md.

FOR - STATE

DHMH - 16:50M 1/BI (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256. REG

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

Johnson

Same

Resinol

Co.

STATE

INDUSTRY

YES [

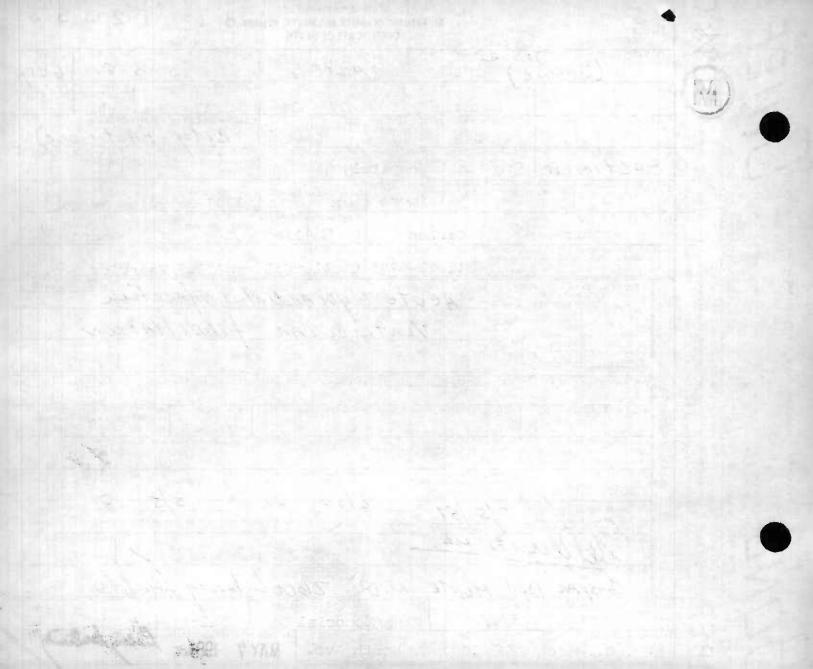
COUNTY

22c. DATE SIGNED

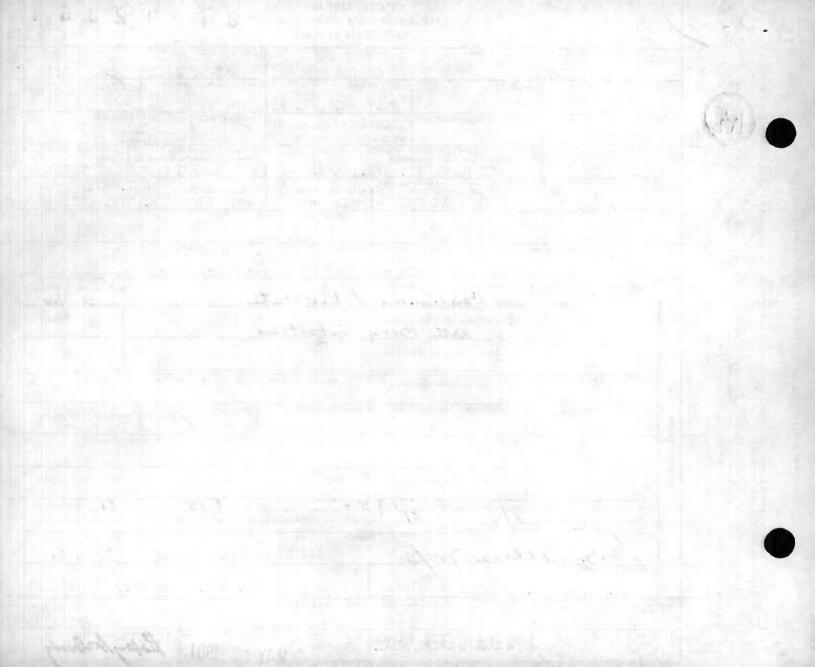
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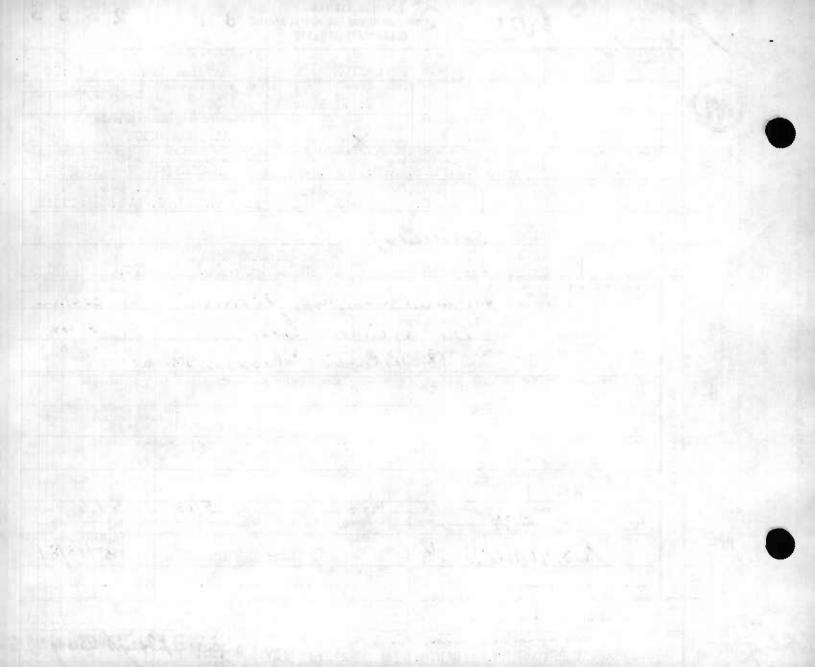
REG. NO

HERRY TUE RIVE CAPTER, UR. 1904Y 17, 1901 nits , 181 Viller it it is a second of the construction o Paltimony Last W. University Purkway Consultant Advisor Jamine Maryland ... ... ... Earlinging ... ... ... 345 W. University Fals. Henry L. Victimia E. Johnson Yes WW II 218 16 7882 Nrs. Alice T. Carter Eurice I charge in was at activities Dr. Benjamin Yorkoff, M.D. 7441 Oslar Drive, Balto. Co., Md. offer chuid hims Pikasvilla, \_\_\_\_\_Md. Eurial HEARY W. Janeins & Sone Co. AS DEL CONTRACT 4505 York Poad Palto., Nd. : 21212



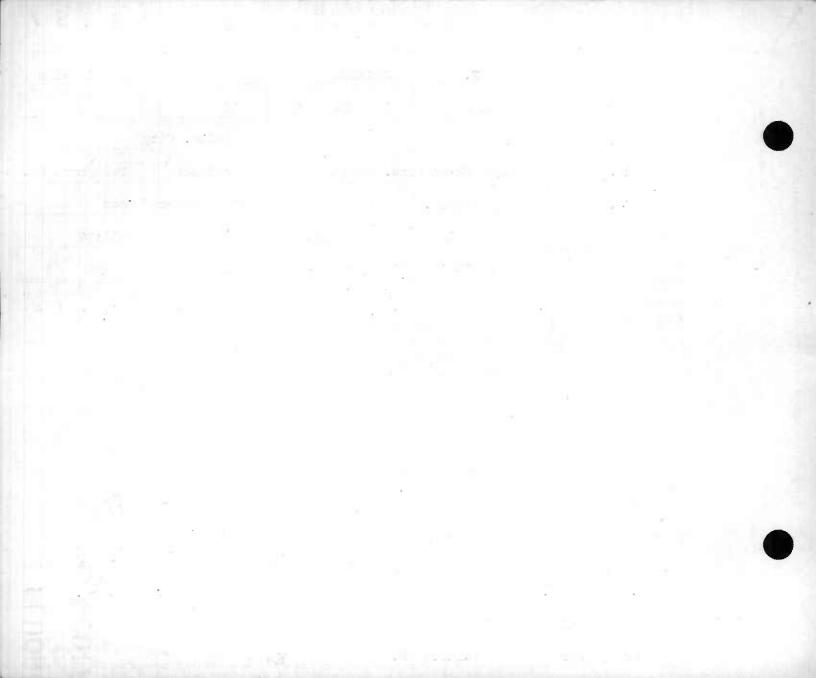
STATE OF MARYLAND



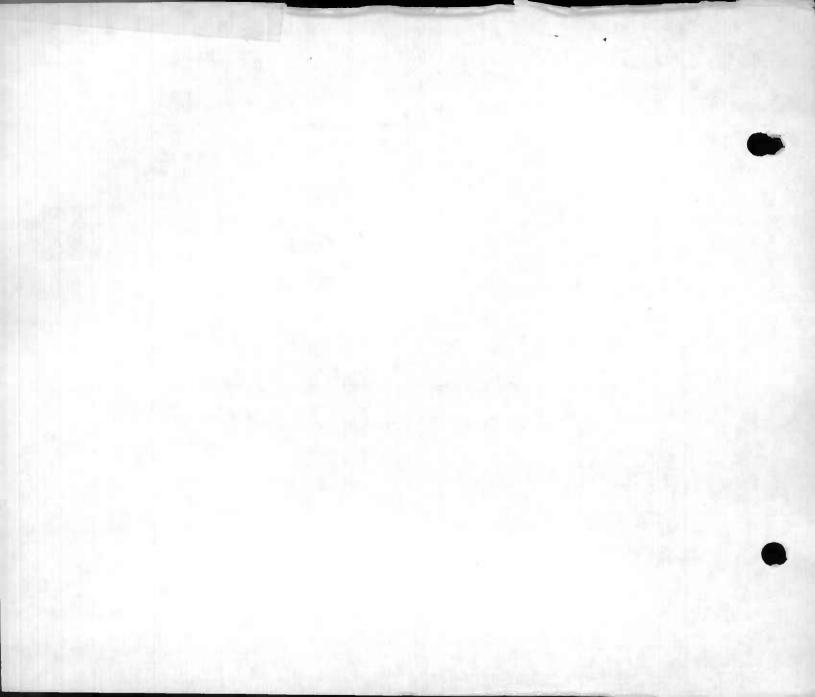


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DIRECTO DUR FIL 172 HOU ON STRE	3. SEX mal		nace hite	5. DATE OF BIRTH MONTH DAY	YEAR 62	6. AGE (IN YEA LAST BIRTHDA 18 YR	() MONT	IDER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUNC DEAD	CED	монтн 5 <b>-</b> 9		AR 12:1458 a M
W PEST	FORE M	THPLACE (STATE IGN COUNTRY) ARYLAN	D	U.S.A		ITRY?	MARRI WIDOW	-	VER MARRI DIVORCI				or count ore Ci	Y OF DEATH	MD.
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020	)	HER'S NAME FIRST EDWARD		MIDDLE F.		CASHE		j	ER'S MAIDE FIRST DORIS	5	A	DDLE		KLOH	
Noision 2	(YES,	NS DECEASED I NO, OR UNKNOW! NO	(IF YES, GIVE N	MED FORCES? WAR OR DATES)		2-84-5		MR.	MANT I C			SHEN		BLVD. THER)	21061
EATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET,  DRE. MARYLEND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.	7	Canditions, gove rise cause (a) st	if any, which to immediate ating the under-last.	DUE TO, OR	1tip1 as a con as a con	e inju	F	OR CONDITIO	N GIVEN IN PAR	RT 1 (α),				BEIWEEN OF	MATE INIERVAL NSEI AND DEAIH
URIAL,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?				
3	MEDICAL	Id. INJURY OC WHILE	CAUSE OF E	21e PLACE C	MONTH M 5-	TAT HOME.	dri	CATION		to/fi	xed of city or town	bject	impa	ct	STATE Co.Md
C. MARTINGO.		220 I certify death resulted ACTUAL AGNATURE		e of the remains described courses				, Hamie	PECIFY)	Undete	Inquiry [	iner .	DATE SIGNEI		
TO FUNERAL C AFTER DEATH BALTIMORE, M		XAMINER'S NATIVE OR PRINT	_Marga	rita A. Ko		M.D.		ADDRESS_	111	Penn	Stre	at.			
- 17	1SPE 24 FUN	BURT	AL	12 MAY'S	31 (	GLEN H	AVE	MD.	M.PK.	G. REC'D. BY	LEN E	BURNI 25h RE	E A	A.	MD.
A15 ME (5))	SI	NGLET	ON FUN	ERAL HOM	ſΕ, (	GLEN E	URN	IE,	MA	Y12	1981	-	1		

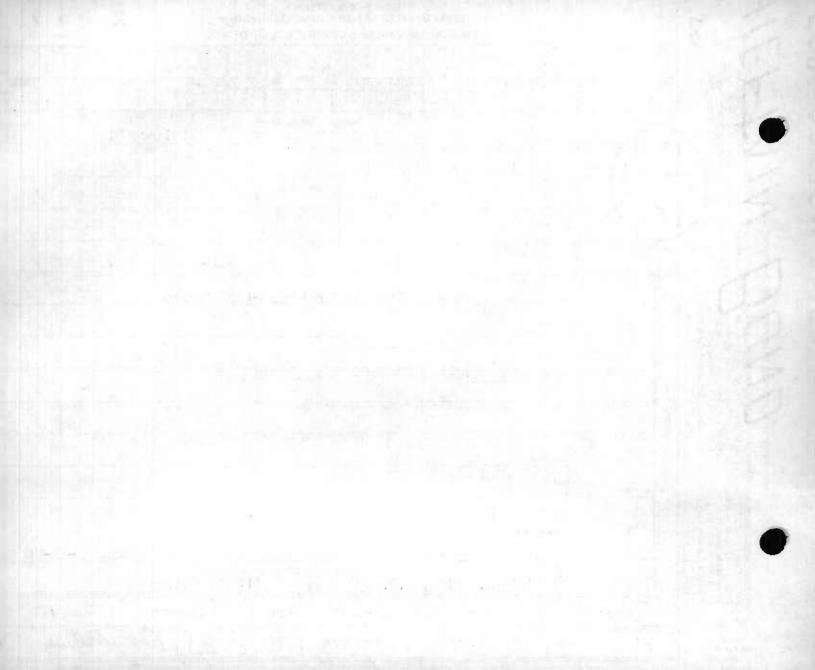
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20 85 85 F.	1. D	FE OR PRINTING	deLL	MIDDLE	Cort	ev	70. DATE KNOW OF EST DEATH MATE	WN D MONTH	DAY PLAN	43
SSARY, PLEASE ALDIRECTOR YOUR FILES. STON STREET,	3. SE	X A. RACE	MONTH DAY		ARS IF UNDER 1 YR.	IF UNDER 24 HRS	7t. DATE PRONOUNCED DEAD	MONTH 5	1219 ST	3 4 A
S FOR Y WITHIN	)	DIRTHPLACE (STATE OR OREIGN COUNTRY)		S. A.	8 MARRIED VZ NEV	VER MARRIED []	BALT	O. C. T	TY OF DEATH	
SARY, PEEASE D3 TO THE FUNERAL DIRECTOR TAIN PAGE 5 FOR YOUR FILES. UID BE FILED, WITHIN 72 HOURS OORDS, 201 W. PRESTON STREET,	2	BALTO.	51N	DSPITAL, NURSING HOM FACRITY GIVE STREET ADDRESS!	P		MOST OF WORKING LIT	N (TYPE OF WORK	126 KIND OF B OR INDUS	MD BUSINESS TRY
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ORE, MD.  DEATH IF  GES 1, 2,  MAN PAS 3.  OF KITAL	13	ATHERS NAME FIRST PURCEUN	WIDDIE	Reynold	s Ag	R'S MAIDEN NAM	E MIDDLE	me	7NLY	1.
PRESTON ST., BALTIMORE, THIN 24 HOURS AFTER DEAT CIL IN ITEM 1B. GIVE PAGES ANSIT PERMIT PAGES I AND ALHYGIENE, DIVISION OF A REMOVAL	100	WAS DECEASED EVER IN U.S. ARM YES, NO, OB UNKNOWN] (IF YES, GIVE W	AR OR DATES)	166. SOCIAL SECURIT	MR. U	Vi'LLIA	CARTO	PRESS PR-381	no Cold	SPRING
TON ST., 24 HOUI ITEM 1B. LONG W PERMIT. GIENE, D		PART I DEATH WAS CAUSED	E CAUSE (a)	adrac	Acr	est			APPROXIMA BETWEEN ONS 11774 6	HIAND DEATH
₹ >₹\$££8		Canditians, if any, which gave rise to immediate cause (a) stating the under-	(b)	RAS A CONSEQUENCE OR AS A CONSEQUENCE	selent	خمدخ			400	445
AL RECORDS, 201 W  VUD BE EXECUTED W  VIENDING**  F. MEDICAL EXAMI  SED AS A BURAL-T  HEALTH AND MENI  H. CREMATION, OR		PART 2 OTHER SIGNIFICANT CONDITIONS CO	(e)	•		GIVEN IN PART 1 0				
TAL RECOINTAL RECOINTAL RECOINTAL RECOINTAL RECOINTAL RECOINTAL REALTH RELALTH RELALTH RELALTH RELALTH RECOINTAL CREA	CATION	190 DATE OF OPERATION		ITION FOR WHICH OPER					20 AUTOPSY	(?
OF VITAL  OF VIT	CERTIFI	710. EXTERNAL CAUSE WAS	21b. TIME C	DF INJURY M. MONTH DAY YEAR	ZIc. HOW INJURY C	OCCURRED (ENTER	NATURE OF INJURY IN IT	EM TE PART I OR PA	YES 🗌	по 🗆
DIVISION OF VITAL RECORDS, ER: THIS CERTIFICATE SHOULD BE EXEC ATE. WRITING THE WORD" FEDINGAL ORWARDED TO THE CHIEF MEDICAL RE, PAGE 3 SHOULD BE USED AS A BUR HE STATE DEPARTAMENT OF HEALTH AN VO. 21201 PRIOR TO BURIAL, CREMATIN	MEDICAL CERTIFICATION	CONTRIBUTING CAUSE OF DE	21e PLACE		211. LOCATION STREET	;	CITY OR TOWN			
E, WAR		AT WORK AT WORK				Inspection .	Inquiry .	and in my ap	וחומח	STATE
		death resulted from: Noturo	couses .	Accident . Sui	cide , Mamicid		ermined manner	<b>_</b> .		
TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BAITIMORE, MARYL	-	SIGNATURE CONTROL SIGNATURE	ud J	mols	M.D	MED	ICAL EXAMINER	DATE .SIGNEI	5-6	2-8(
	23a. B	(TYPE OR PRINT)  URIAL CREMATION, REMOVAL 238  PECHY)			ADDRESSADDRESS	CITY	OCATION ORTOWN	CONN	ity si	TATE
BP	24 F	JOERAL DIRECTOR  NAME  CALL  C	1-20-8	BALTO		a. DATE REC'D. BY	BUTUS REGISTRAR 256	REGISTRAR'S SI	GNATURE	1
15M 2/80	11	CICI UNEKAL	TEME.	5209 YOR	S Mel.	MINITO	1301		f	



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5	lange.		CEASED NAME PE OR PRINT)	Lou i s		E.			ator	- 7 2	2	OF EST DEATH MA	TI-	монтн 5	24 <sub>19</sub> 81	2b. HOUR
A	N STREET	3. SE	ale l	Black	5. DATE OF BIRTH	YEAR 12	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER		C DATE RONOUNCED DEAD		MONTH	2419 81	2d HOUR 2:00
	3	7a. B	IRTHPLACE 15TA		76. CITIZEN OF WE	AT COUN	ITRY?	8. MARRI WIDOW		VER MARRI DIVORCI	ED U	BALTIMORE Balt	_		OF DEATH	AAD
A VA	PAGE OF WILLIAM		Baltimor		11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET AGGRESS)		ER INSTITU	TION		AL OCCUPATION OF WORKING I	ON (TYPE O		26 KIND OF BU OR INDUST	JSINESS RY
21201	Section 2	USU. 130. S	AL RESIDENCE (* TATE  MD	F IN NURSING HOME O	OR OTHER INSTITUTION, GI	13c. CITY	OR TOWN	ON)	13d. INSIDE (	ITY LIMITS?	13e STREI	et address 44 Cai	rswe	11 5	St.	
RE, MD.	A PM 3.	14. F.	ATHER'S NAME FIRST		MIDDLE		LAST		Ś	R'S MAIDE		WIDGLE			Cator	
BALTIMORE, MD.	AGES I	0		VAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 278. INFORMANT ADDRESS 218-03-6194 Christine Doles 1544									Cars	swell	St.	
ORDS, 201 W. PRESTON ST	STANDED BY CANDING WITHIN STANDARY AT THE VAN TO THE FORM PROBLEM STAND TO THE FIRE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE OF U.SED AS A BURIAL - TRANSIT PERMIT. PAGES 13 AND 2 SHOULD BE FILED STAND STANDARY PROBLEM. PAGES 14 AND 2 SHOULD BE FILED STANDARY AND STANDARY PROBLEM. PAGES 15 AND 2 SHOULD BE FILED STANDARY OF THE STANDARY PROBLEM. PAGES 2019 SHOULD STANDARY PROBLEM. CREMATION, OR REMOVAL.	No	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
DIVISION OF VITAL RECORDS,	MORD "PEN HE CHIEF ME D BE USED AS ENT OF HEAL D BURIAL, CR	CERTIFICATION	19a DATE OF C		21b TIME OF	DINDITION FOR WHICH OPERATION WAS PERFORMED?  ALE OF INJURY  21c. HOW INJURY OCCURRED: (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.)							RT I OR PARI	20 AUTOPSY YES 🗆	? NO [X]	
DIVISION OF	WRITING THE ARDED TO THE AGE 3 SHOULD ATE DEPARTMI	MEDICAL	UNDERLYING CONTRIBUTIN 21d, INJURY OC WHILE AT WORK	G CAUSE OF	DEATH P.M. 21e PLACE C	i.		211. LO	CATION TREET			CITY OR TOWN		COU	NTY	STATE
	PROMEDICAL EXAMINES. INISTICATION OF PAGE 4 SHOULD BE FORWARDED TO THE CYPORE A SHOULD BE FORWARDED TO THE CYPORE PAGE 3 SHOULD BE FORWARDED TO THE CYPORE PAGE 3 SHOULD BE FORWARDED. TO FUNER DEATH, WITH THE STATE DEPARTMENT BATTER DEATH, WITH THE STATE DEPARTMENT OF BUTTIMORE, MARYLAND, 21201 PRIOR TO BUT			that I taak charged from: Natu	ge of the remains des rol couses [X], a LD ginia L. [	Accident	, Su	Autop	, Homic	istan	Undeter	Inquiry Inquiry Inquired monner	,, R	DATE SIGNED	5-25-	-81
. 0 . 0	BP	(	URIAL, CREMATI SPECIFY) Buria	ION, REMOVAL	<sup>23b. DATE</sup> 5/29/81		NAME OF CE				234. LOC BE	Trimo	re	COUNT	TY WOODS IN	ĮD.
0101	DHMH-17 VR A15 ME (5))	-	UNERAL DIRECT	March	F/H APPRESS	01 E	. Nor	th A	ve.	MA	Y 27	1981	Sb. RESIST	RAR'S SI	NATURE KE CLASS	,



FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

7b. HOUR 05 81 16 IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126. KIND OF BUSINESS OF INDUSTRY APPROV (TYPE OF WORK FOR MOST OF WORKING LIFE) Security Guard Detective Balto Md LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Canconorde PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Cedar Hill Cemetery Brooklyn Md. 24 FUNERAL DIRECTOR Balto 21225 250 DATE REC'D. BY REGISTRAR 256, NEGOTRAP'S SIGNATU George J. Gonce 4001 Ritchie Hgwy

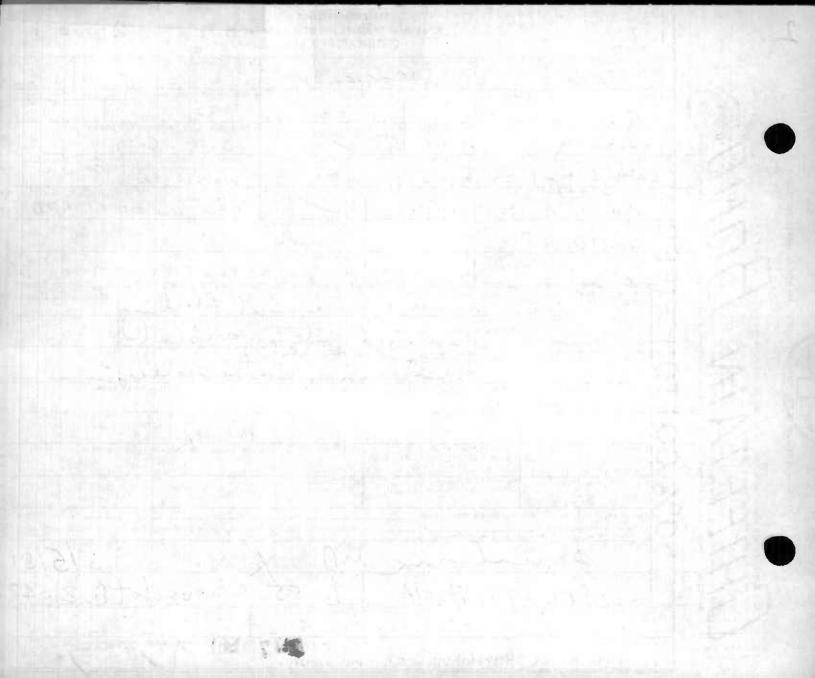
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

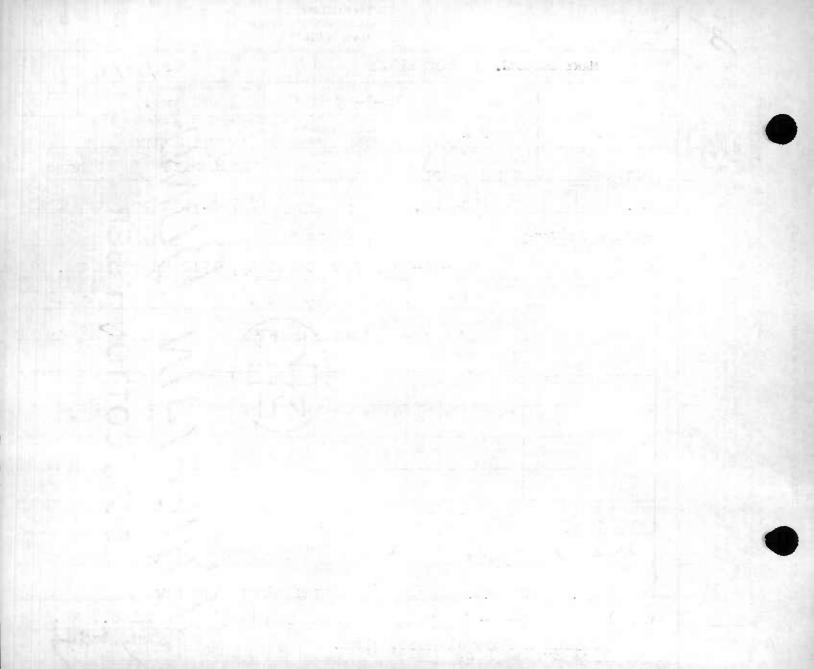
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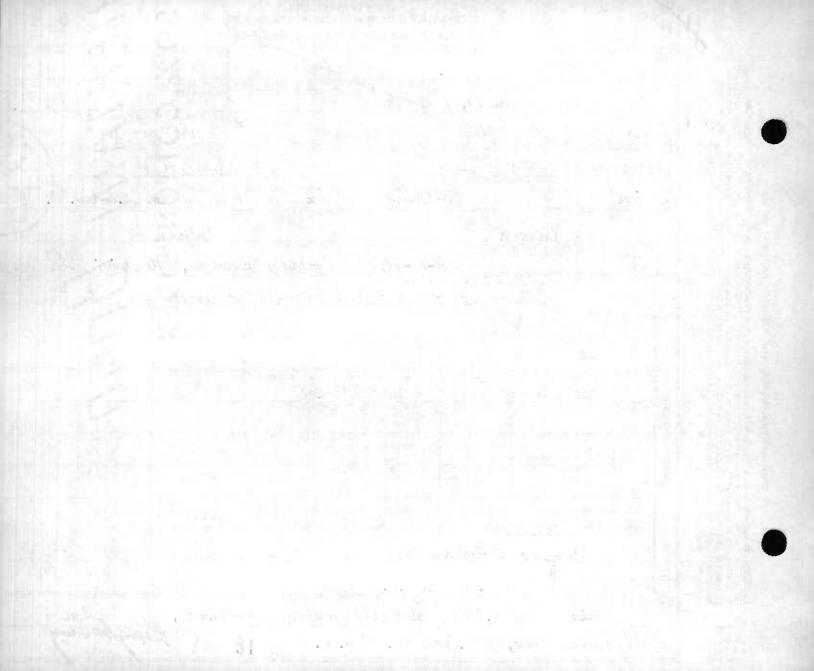


y. y.	/i-	FOR STATE REGISTRAR	ME	STA DEPARTMENT OF DICAL EXAMIN		MENTAL HY		REG. NO	2	3 6	5 2
PLEASE CTORE CTORE FILES DOURS PREET,	(.79	CEASED NAME FIRST Adria	en .	WIDDLE	Cephas		OF	KNOWNXX ESTI- MATED	5	24 <sub>19</sub>	YEAR 26. HOUR
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300	2	nyortownorpeath Baltimore	( IF NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)  Sinai Hosp	ital	UTION 126	O. USUAL OCCU	KING LUCE	OF WORK	OR IN	OF BUSINESS DUSTRY
MD. 21201 H. IF ANY P. I. 2. AND S. S. S. P. C. III P. S. S. P. C. III P. I. A. R. E. C. S. F.	S ide:	AL RESIDENCE (II IN MARSING HOME OF TATE 136 COUN		136 OITY OR TOTAL		NO [	STREET ADDRI	LVME	le 3	ter	Rd
	Ole	ATHER'S NAME FIRST E & N	rehol	S LAST	15. MOT	HER'S MAIDEN N	VAME /	EX	hA.	S LAST	7
. BALTIMORE. RES AFTER DEA. S. GIVE PAGES MITH FORM P. DIVISION OF. DIVISION OF.	16a. (	WAS DECEASED EVER IN U.S. AR, (ES, NO, O) UNIXNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	220-80 -	7538 Ld N	PENE	CEPhA	ADDRESS 35.	34.	Lynn	chester !
MIT. DE	7	18 CAUSE OF DEATH (Enter an PART I DEATH WAS CAUSE) IMMEDIA Canditions, if any, which	D BY: TE CAUSE (a) B	e for (a), (b), and (c).)  Lunt injury  R AS A CONSEQUENCE (						APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
JUTED W. LIN PENC EXAMIN BALL TR. D MENT, ON, OR		gove rise to immediate cause (a) stating the <u>under-lying</u> cause lost.  PART 2 DTNER SIGNIFICANT CONDITIONS	(c)	R AS A CONSEQUENCE O		ION CIVEN IN BART I					
AL R	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH OPER			101.			20 AUT	
DIVISION OF VITAL I MER: THIS CERTIFICATE SHOUL CATE. WRITING THE WORD ": FORWARDED TO THE CHEE FORWARDED TO THE CHEE FORMARDED TO THE CHEE FORM PAGE 3 SHOULD BE USEE THE STATE DEPARTMENT OF H ND, 21201 PRICK TO BURILAL	MEDICAL CERT	210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH 9: 25P.A	* MONTH DAY YEAR A. 5 16 19 81		ryoccurred (	~		ART 1 OR PAI		NO D
DIVIS THIS GEN WARDED PAGE 3 STATE DE	WED	WHILE OCCURRED  AT WORK AT WORK	STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)  STPET	3000 bl	k. N. Hi	Iton St	reet.	north		
ME WOLF	20	220 I certify that I taak charg death resulted from. Natur	e of the remains de	177			Inquiry		A.W.	n Bal	to.,Md.
MCAL EXA E THE CER I SHOULD SHOULD ORE, MAR		ACTUAL SIGNATURE	ua L	Jolan sv		(SPECIFY) sistant	MEDICAL EXAM	AINER	DATE SIGNE	D 5	-25-81
TO MED EXECUT PAGE 4 APTER D BAUTIM	23o.E	(TYPE OR PRINT)			METERY OR CREMA		Penn St		7	LITY .	e d'ur
15/1 BP	24. F	DURIAL DIRECTOR	5/29/8	Wood	LANN	250. DATE REC	D. BY REGISTRA	R 25b. REC	RAR'S S	- 111	d ATE
DHMH - 17 (VR A15 ME (5))	1	OCKS FUNERI	1/ HOME	. 1304 h. C	emprelly	YAM Y	27 198	- pu	7	17.00	7

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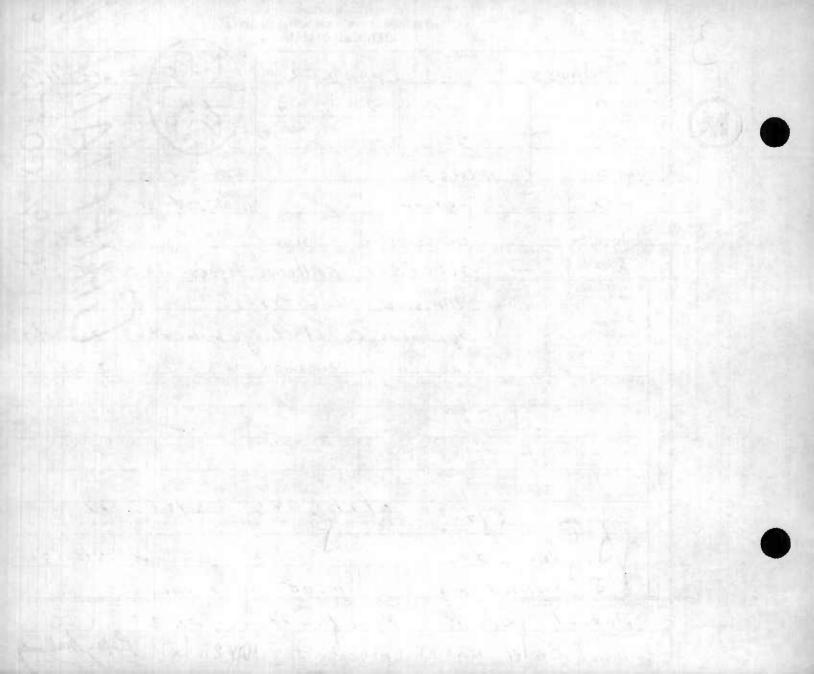


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	N STR	3.		White	June 14	YEAR LAST BIRTI	YEARS IF UN IDAY) MONT YRS.		NDER 24 HRS.	PRONOUNCED DEAD	MONTH	16 19 8	2:22
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1833	AY IS PILED SILED		CITY OR TOWN O		(IF NOT IN SUCH	SPITAL, NURSING HON	5)	ier institution	FOR	MOST OF WORKING LIFE	(TYPE OF WORK	OR INDUS	BUSINESS
1000	DEL 3 TO N P SDS	U.	Baltimor WAL RESIDENCE (1)	E IN NURSING HOME O		ackson Stre			11	achinist			
21201	HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE M. IB. GIVE PAGES 1, 2, AND 3 TO THE FUNKRAL DIRECTOR. VIG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. RMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 21 HOURS. INE. DIVISION OF XIJA! RECORDS, 201 W. BRESTON STREET, LL.	िप्र	aryland	13b. COUN		Bactimore		13d. INSIDE CITY LIM	1152   13e STR	11 Jackse	on St.L	Balto. Md	
, g	H. FA	14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AAIDEN NAME	WIDDLE		LAST	
E.	CENT SE	0	F#C51	Unl	known.	LASI		PIRST		Unknow	,	LAST	
WO	SING	16	WAS DECEASED	EVER IN U.S. ARA		166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADD	RESS	0 2100	1
BALTI	S AFTI GIVE IITH F PAGE IVISIO		No			244-16-54	95	Gentruc	le Schn	etzka, 80°	16 Ston		Ave.
ST.,	MA 18.		18 CAUSE OF PART I DEA			ne far (a), (b), and (c).) rteriosclei	rotic	Cardiova	accul ar	Dicoaco		BETWEEN ON	ATE INTERVAL SET AND DEATH
STON	ESTON SI IN 24 HO IN ITEM I ALONG SIT PERMI HYGIENE, MOVAL.		142	12		R AS A CONSEQUENC		Caratova	ascut at	DISCOSC			
<u>a</u>	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND: REDE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RES SHOULD BE USED AS A BURIAL - RRANIST PERMIT. PAGES 1 AND 2 SHOULD RES SHOULD BE USED AS A BURIAL - RRANIST PERMIT. PAGES 1 AND 2 SHOULD REDEARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAR RECO	ON, OR REA	gave rise	if any, which to immediate	(b)								
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AL R	SHOULD ORD "PE CHIEF A E USED A	2	190. DATE OF C	PERATION	196. CONE	ITION FOR WHICH OP	ERATION W	AS PERFORMED?				20 AUTOPS	
T-V	38738		21a. EXTERNAL	CALISEWAS	21b. TIME (	DE INTUINY	127-14	0)4/15/11/19/	UDDED			YES 🗌	NOX
ONOF	INER: THIS CERTIFICATE SHO ICATE, WRITING THE WORD FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE US THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BIRRIA	3	UNDERLYING	and the same of th	HOUR A.	M. MONTH DAY YE		OW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	
IVISIO	CERTIFIC TING TH DED TO 3 SHOU DEPARTA		21d. INJURY OF	CCURRED	2 Te PLACE	OF INJURY (AT HOME.		CATION		CITY OR TOWN	C	OUNTY	STATE
	SER AR BES		AT WORK	NOT WHILE C	1								
	PAR. POR NO.		220. I certify			escribed abave, held an		sy 🔲, Insp	ection .	Inquiry X,	and in my o	ipinian	
	RECT VITH		, death resulted	lram: Natur	al causes XXI,	Accident .	Suicide	, Hamicide L		ermined manner	_],		
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABULINORE, MARYLAND, 21	┙	ACTUAL SIGNATURE	Chrom	is ED	elan In	N	TITLE (SPECIF		ICAL EXAMINER	DATE	5-17	-81
	EDIC A ST DEA MOR	7	EXAMINER'S N	IAME 1									
	NECLO WAGE	22	TYPE OR PRIN	T) VIC	inia L.		E LA EYERY C	ADDRESS		enn Stree	<u> </u>		
	BP	23			May 19, 19	181 (edan)	Hill (	emetery	Bal	ocation portown timore	_ ME	igyland	STATE
2404	DHMH-17		FUNERAL DIRECT	OR		Fort Ave.		M-/ 250. D	ATE REC'D. B	1981	ARREST OF THE PARTY OF THE PART	Kelhudy	1
	(VR A15 ME (5) ) 15M 2/80	11	a my ri	vienai n	une, 130	, roice rive.	Duvu	· I'll	AY 18	1301	1	-1	

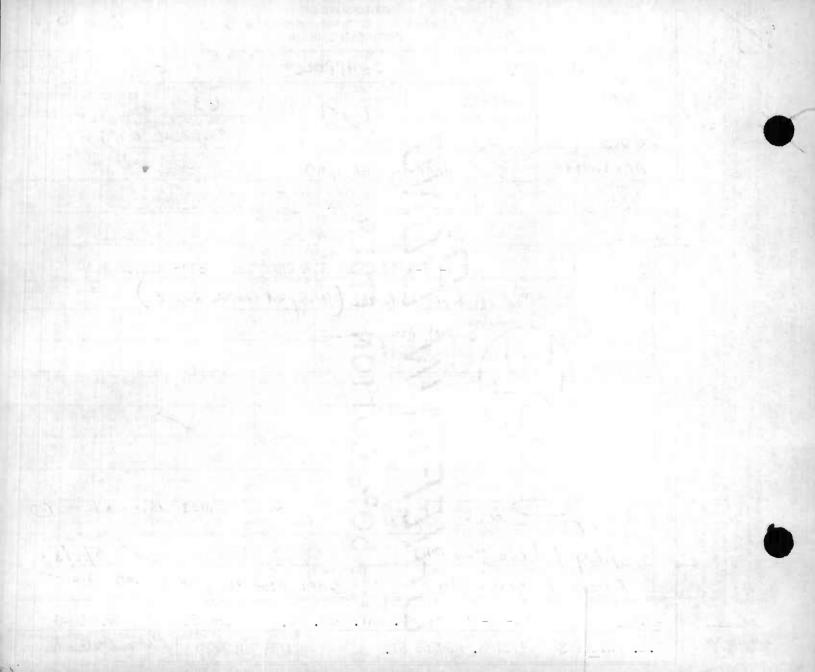


( X1 )	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 1 1 2 3 6 5
15	REGISTRAR  CERTIFICATE OF DEATH  REG. NO.  TEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR TO HOLIR
	CAPPRILITY (SEOTAE, W. Chandler 52 A814:152
your garage 3. SE	JACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	Male Black American 4 2 24 56 YRS. MONTHS DAYS HOURS MIN
a 10.8	RITHPLACE (STATE OR FOREIGN 1/6 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH NOTICE   Balt i'm ore City MD
by # 10.0	TO OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK, FOR MOST OF WORKING LIFE) INDUSTRY  RESTAUR AND AMAGE  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE) INDUSTRY  RESTAUR AND AMAGE  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  122. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  123. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  124. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  125. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  126. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  127. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  128. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  129. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  129. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  120. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  120. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  120. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORKING LIFE)  121. KIND OF BUSINESS OR (TYPE OF WORK, FOR MOST OF WORK
filled hould bould bround the same same same same same same same sam	NERESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 COUNTY  136 COUNTY  136 STREET ADDRESS  5601 Balle AV
and	THER'S NAME  IS. MOTHER'S MAIDEN NAME  FIRST  FREST  AND HOLE  LAST  CHANGLER  ARDENIA  MIDDLE  LAST
n ond nedic	(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-26-3531 AUDRES CHARLES CHARLES
ries that the death certificate k gned by the attending physicia n please remove carbon papers burial, cremotion, or removal. ry, ar other troumatic event, the	18 CAUSE OF DEATH (Enter only one cause per line for 10°, 16°), and ic PART I. DEATH WAS CAUSED BY:  385    MMEDIATE CAUSE (a)
cton.  e has been significant to lead to be the second to	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
£ = = = (//	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
After this certification of the purple of the purple of marked or Item	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  AT WORK NORWAY NORWAY OFFICE FARM, ETC.)
for a of He	220.1 certify that (1) (this haspital) attended the deceased fram 4 2 19 10 5 3 19 8 1, that (1) (we) last saw the deceased alive on 19 8 1, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
y the hospit RAL DIRECTC detached for note Dept. of NI: If Item 21	226. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D  220. DATE SIGNED  37. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN D  5-3-81
should be det with the Stote	220 PHYSICIAN'S NAME (TYPE SAPPRINT) Eunice Shakir 220 ADDRESS Sinai Hospital
230	URIAL, CREMATION, REMOVAL 23b. DATE, 181 COMME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BOLFO. Md STATE
MH - 16 50M 1/76	NERAL DIRECTOR NAME  ADDRESS  ADDRESS  ADDRESS

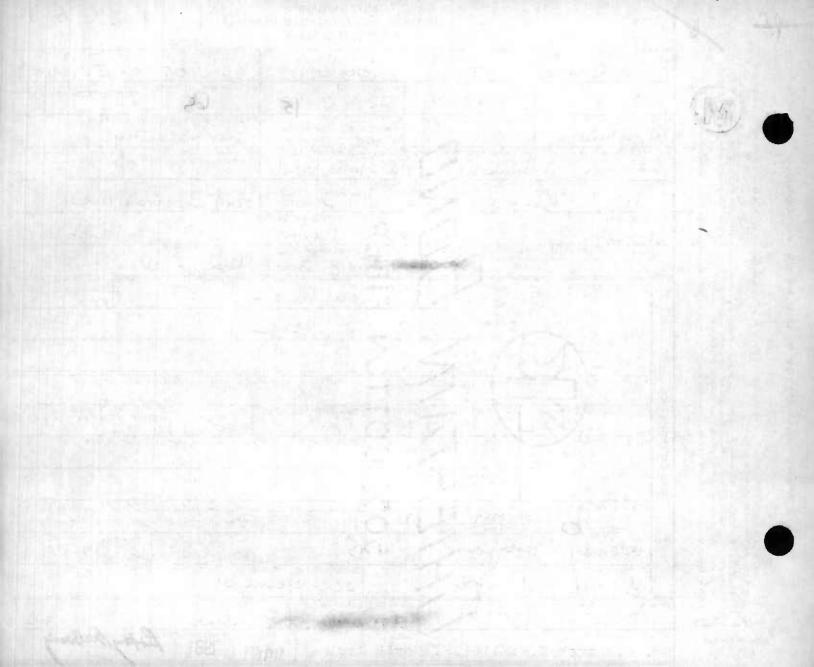
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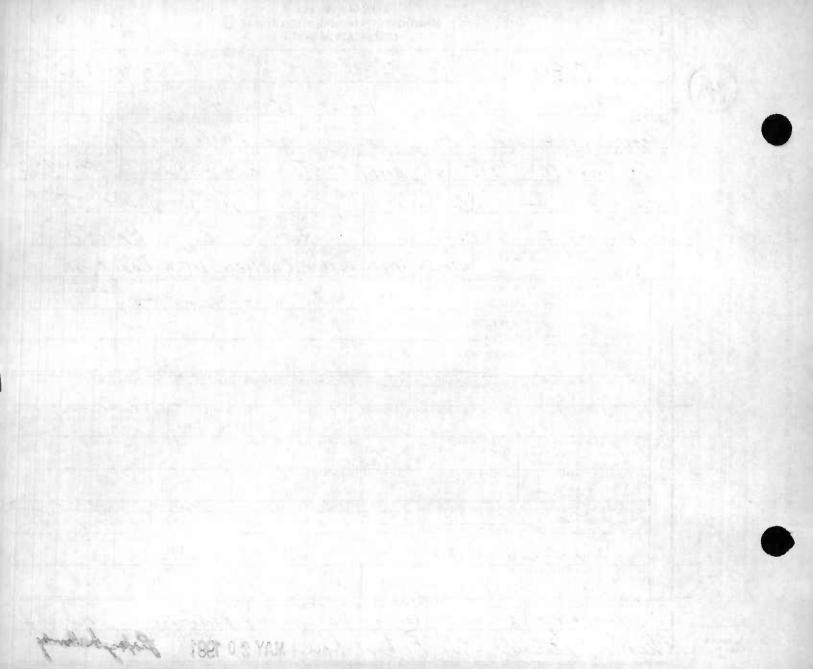
,0	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND ME ICATE OF DE	NTAL HYG	REG. N	10.	2 3	6 /	
deoth deoth		CEASED NAME FIRST	ALE	WIDDLE	C	TAPPEL	1	20. DATE OF DEATH	MONTH 5	15 81	26 HOUR 550 PM	
other (	3. SE	MACE	1. RACE BLA	CF	5. DATE C		YEAR 7	6. AGE (IN YEARS LAST BIE	YRS.	IF UNDER 1 YEAR		
35	M	RTHPLACE (STATE OR FOREIGN COUNTRY)  ARYLAND	us	WHAT COUNTRY?	MARRIEI WIDOWE	DIO DIVO	RCED [	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMONE CITY				
filed with		BALTIMOLE	(IF NOT IN SU		TAL -	BALTIMO		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O WAREHOUSE)	OF WORKING L		OF BUSINESS OR	
Sand be	13a. S M	AL RESIDENCE (IF NURSING HOME STATE 136 COL ARYLAND		BALTIMOR	N	(20 (	10 🔲	13e. STREET ADDRESS 3805 HTLT	TON RO	OAD		
Sep C	G	THER'S NAME EORGE	WIDDIE	CHAPPELL		15. MOTHER'S M	MAE	MIDDLE		BELL	AST	
. Poges	(	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN} NO	ARMED FORCES? GIVE WAR OR DATES)	218-01-7		17. INFORMANT		PELL 3805		TON ROAT	D	
mit. Then please remo prior to buriol, cremot ony injury, or other tro	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  286. AUTOPSY?  286. BY						20h IF YE	ES, WERE FINDI	INGS USED	
Hygiene 18 shows	CERTIFICATION	2 d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJU	RY OCCURR	YES NO RED (ENTER NATURE OF INJU	Y	PART 1 OR PART 2)	S OF DEATH?	
rked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE NOW HILE NOW AT WORK	P. 21e. PLACE	.M.  OF INJURY  REET, FACTORY, OFFICE, F	19 ARM, ETC )	21f LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE	
n 21 is ma		22a.l certify that (I) (this has saw the decency of glive c above, (I) (we) (did)	-0.01				19_ <b>S</b> -1	deoth accurred an the d	15 ate and ho	our and from the		
should be detache with the State Dep IMPORTANT: If the		22d PHYSICIAN'S JAMES PHILIP	Schwart SCH W	MATTE		PHY 22e. ADDRESS	ENDING YSICIAN [	MEDICAL STA	CIAN	1 5/1	15/8/ 12/5	
***************************************		BURIAL, CREMATION, REMOVA		23c. N		METERY OR CRE	MATORY	23d. LOCATION City of Town LAUREL		MARY	EAND STATE	
M 2/80 , 4)	24. FI	L LAMEPHILLIPS	1721 N	I. MONROE	ST.		MAY	e rec'd. by registrar 1 9 1981	25h / GIS	TRAR'S GN	Cont.	



15	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	1236
#		PECEASED NAME FIRST  YPE OR PRINT)  COVIOS	MIDDLE	chase	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5 07 81 12 M
(A)	3. 5	Male Male	4 RACE Slack	5. DATE OF BIRTH  MONTH DAY  OF OY  15	6 AGE IN YEARS LAST BIR	9 01
13	3/	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		Baltimore City of	OR COUNTY OF DEATH
135	8 3	Salti more	(IF NOT IN SUCH FACILITY, GIVE STREET	Maryland Host	128. USUAL OCCUPAT	
ad plan	130	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO		136 STREET ADDRESS	odbrook Ave
	01	FATHER'S NAME FIRST	MIDDLE LAST CHAN	15. MOTHER'S MAIDEN N	MIDDLE	horian
frs. Pages I	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 213-05-		ie Chose 2	
prior to buriol, cremotion, ony injury, or other troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION		encepholopethy	RMINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED
Hygiene 18 shows	ERTIF	71a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1216 HOW INJURY OCC	YES NO URRED (ENTER NATURE OF INJU	IN CERTIFYING CAUSES OF DEATH YES NO
ked or Item 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DE  [IF EITHER NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	210	19 21f LOCATION	CITY OR TO	
t. of Heolth m 21 is mor		22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (well did (did no	AM MAY 7 at) view the bady ofter death.		on death occurred on the d	ate and haur and fram the couses stat
with the State Dep		226. SIGNATURE Dendy a	Myers	DEGREE ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	FF ST 7 81
MPORTA		WENDY A.	MYERS	22 S. Gre		
<u>&lt;</u>		BURIAL, CREMATION, REMOVAL (SPECIE) Burial	5/12/01	NAME OF CEMETERY OR CREMATOR	Ball	COUNTY STA
OM 2/80 5, 4)		FUNERAL DIRECTOR  n. C. March F	.H./1101 E.N	25a. D	ATE REC'D. BY REGISTRAR	256. PARIS LAR'S STATE OF



\ & \$	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	1 2 3 6 9
. DE		CEASED NAME FIRST OR PRINT) ALBERT	MIDDLE D	C/FECLEW	20 DATE OF DEATH MC	ONTH DAY YEAR 26. HOUR
d you	3. SE)	10017	14. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
4		17011	White	MONTH - DAY - YEAR - 35	46	YRS.
deoth. Po	1 5	RTHPLACE (STATE OR FOREIGN SUNTRY)	76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED NOWED DIVORCED	BAITIMORE CITY OR	4.0
offer of with dwifted	10. CI	3AITIMERY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION  ADDRESS)  BARRESS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W SAPERIAT A LOS	NORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
LAND 2120 him 24 hours ly filled in the should be fill	13a. S		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	BURRE ST
E, MARYLAND 21201	-/-	THER'S NAME FIRST  PAYMING	MIDDLE S Chelleu	15. MOTHER'S MAIDEN NA		BROOKS
BALTIMORE, A	16a. V		IVE WAR OR DATEST	RITY NO. 17 INFORMANT 4910 Ruth E. Che	ADDRESS Ellew 115 W	BARRE ST.
RDS, 201 W. PRESTON ST., requires that the death certific in signed by the attending ph. Then please remove corbanon in for burial, cremation, or remainly, or other traumatic ever injury, or other traumatic ever	ION	PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	Multiple Scl NCE OF  DEATH BUT NOT RELATED TO THE TERM	ainal disease or condit	TION GIVEN IN PART 1(0)
TALRECO	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
NOF VITA  SICIAN: Th ing physicio certificate uriol-transit Aentol Hygie	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d, INJURY OCCURRED	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	N ITEM 18. PART 1 OR PART 2)
DIVISION DING PHY or ottendi After this After this of the bu	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
OR ATTENDIN to hospital or DIRECTORS of School for use all bobt. of Healt frem 21 is ma		22a. I certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did no 22b. SIGNATURE	ortol) ottended the deceased from 19 01) view the body offer death.	ond that in (my) (our) opinion  DEGREE	death occurred on the date	ond hour and from the couses stated  22c. DATE SIGNED
		220 PHYSICIAN'S NAME (TYPE C	Ce unlist	ATTENDING PHYSICIAN ( 22: ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	N
TO HOSPITAL retorined by th TO FUNERAL should be deat with the Store		JAMES	A. QUINLAN,	JR. UNIVERSITY		Bello 21201
) ) / BP	23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION SITY OF TOWN BALTEMEN	COUNTY MANY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	Ch	WHERALDIRECTOR LEVEL	entre 130 100 Hear	Fort Kne MA	TE REC'D. BY REGISTRAR 251 Y 2 0 1981	B. RES TRAR'S SIGNATURE



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yen 19 2 215-01-7071 Mrs. Jonephine Chelton seme

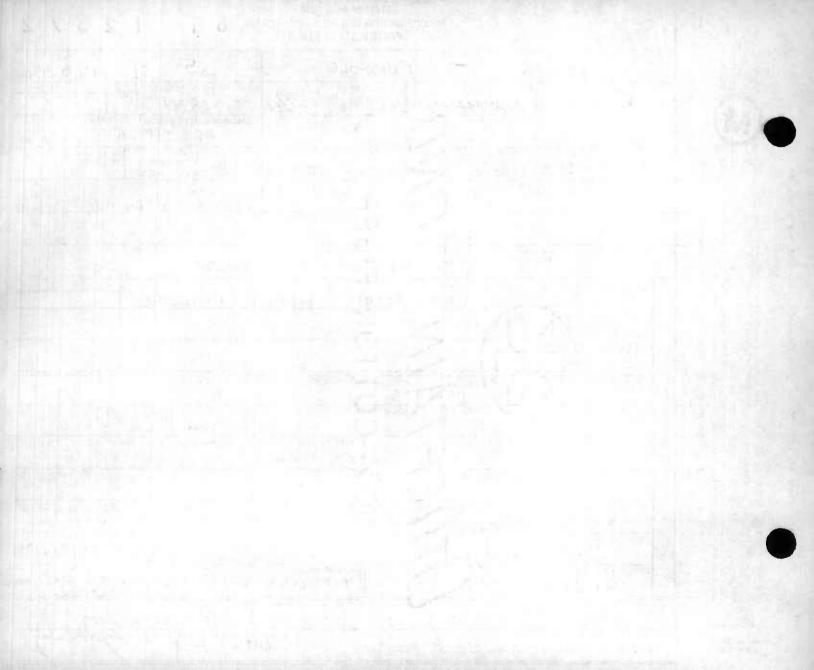
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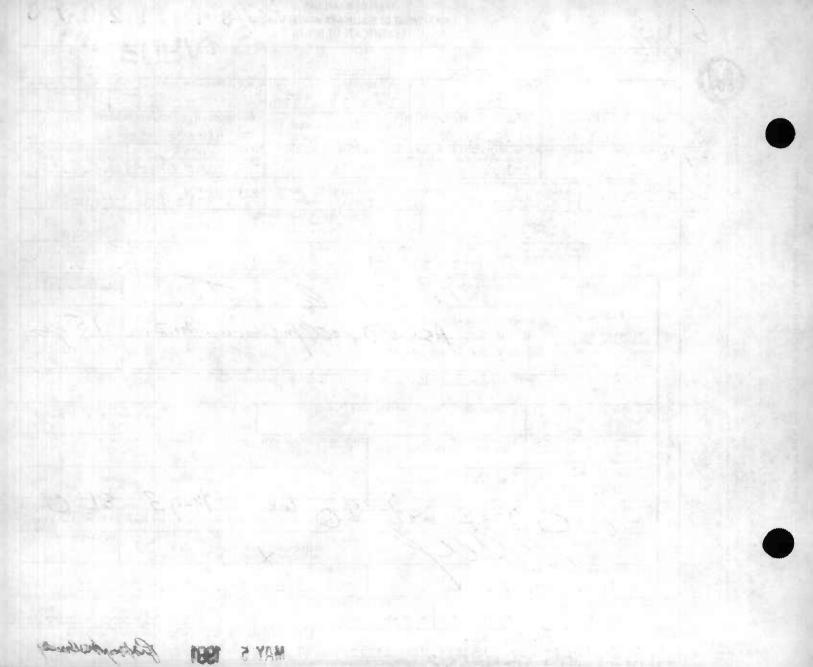
leonard J. Huck Inc. Boltimore, Md

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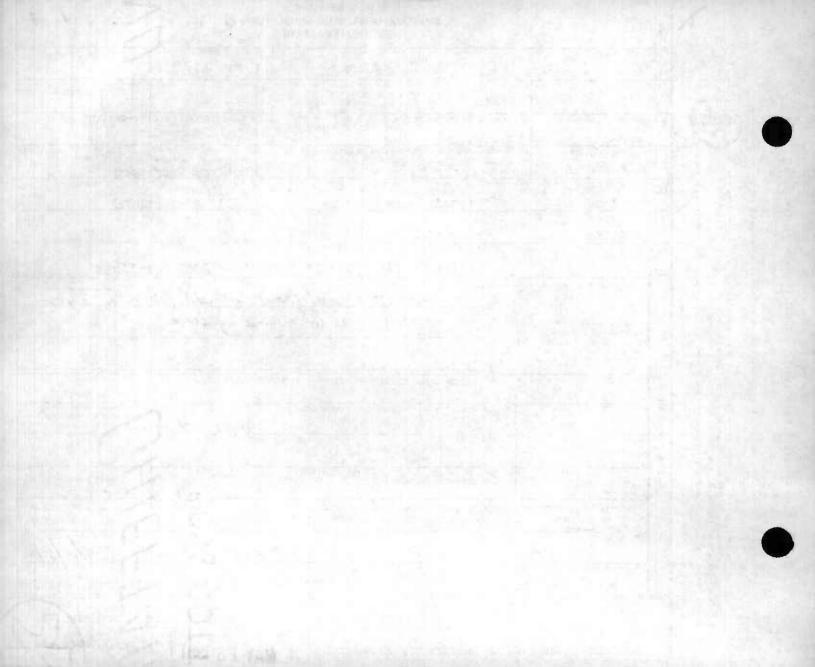
10	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	D.	2 3 7	2
y be deoth		CEASED NAME FIRST FRAN	K J.	C H10	FOLO	20. DATE OF DEATH	MONTH DAY	1981 6:	
	3. SE	S/// Male	Layyany	-		6 AGE (IN YEARS LAST BIR	YRS. MONT	HS DAYS HOURS	MIN.
W 97	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  taly	U.S.A.	MARRIE		-	TIMOR	E CIT	
by the fi	1	TY OR TOWN OF DEATH  BALTIMORE		AMARIT		TYPE OF WORK FOR MOST OF RETIRES	F WORKING LIFE)	2b. KIND OF BUSIN NDUSTRY	VESS OR
in 24 hou y filled in thousand be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	NTY 13t. CITY (		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 2808, SOU	THERM	AVE. B	ALTO. 2 P
completed with		THER'S NAME FIRST Frank	Chio!		15. MOTHER'S MAIDEN NAM			?	
be execu		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIP NO		al security NO. -14-0123	Mrs Christine		.55	Same  APPROXIMATE INT	
equires that the death consigned by the attending Then please remove corbitablishing, or a buriol, or emation, or nigry, or other troumatic	NO	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT		NSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1 a1	
The law requirition.  The has been significant. Therefore prior to be shown any injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WI IN CERTIFYING YES	ERE FINDINGS US G CAUSES OF DE NO	ATH?
PHYSICIAN: ending phys this certifica the buriol-from and Mental IN	MEDICAL CEI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	HOUR A.M. MON	19	21f. HOW INJURY OCCUR!	CITY OR TO	21.5	OR PART 2)	STATE
OR ATTENDS  The haspitol on DIRECTOR. A gracehold for use  Dopic of Heal		22a.1 certify that (1) (this hosp saw the deceased olive ar obave, (1) (we) (did) (did no 22b. SIGNATURE	05/21	19.811, or	nd that in (my) (our) apinian a DEGREE ATTENDING PHYSICIAN F	death occurred on the di	ote and hour and		
TO HOSPITAL TO FUNERAL should be deto with the State	22-	22d. PHYSICIAN'S NAME (TYPE OF A J AN	SOOD	I 22, NAME OF	220 ADDRESS MEDICINE	DEPTT. G	OOD SAMA	RITHN HO TIMORE.	SPITAL
733BP		SURIAL, CREMATION, REMOVAL SPECIFY) Fintombment	23b. DATE 5/23/81		emetery or crematory  ey Valley		re, Mar		STATE
DHMH- 16 30M 2/80 (VRA 15, 4)		JNERAL DIRECTOR CONATO J RUCK I	nc. Baltimore	e, Maryla	nd 250. DAI	W. Salue dala	256. RESOLUE 48	MANAGEL	7

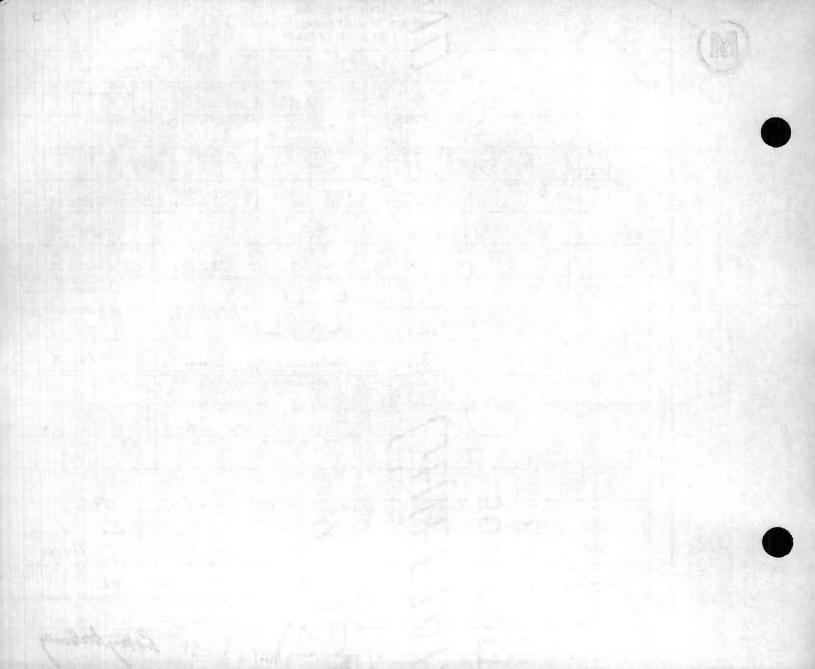




	l I	tem 6, G 555 5/1 FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
M)	TYP	CEASED NAME FIRST EOR PRINT) TRE		Cimino	5	MONTH DAY YEAR 28 HOUR 4 AM				
rector, in rs after once.	3 SE	XX Female	4 RACE XXXXXX White	5. DATE OF BIRTY YEAR	6 AGE (IN YEARS LAST BIRT	HOAY)  F UNDER I YEAR F UNDER 24 HRS  MONTHS DAYS HOURS MIN				
35 gat		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	A DALTIMODE CITY O	R COUNTY OF DEATH				
St be not		Salt.	11. NAME OF HOSPITAL, NURSIN SIF NOT IN SUCH FACILITY, GIVE STREET,		12a USUAL OCCUPATI					
Ter mi	13a	AL RESIDENCE IN NURSING HOME OF	YIY I I I I CITY OR TOW	ADMISSION) 134 INSIDECITY LIMITS? YES NO	133 STREET ADDRESS	t-st.				
exal exa	14 F	Toseph St	MIDDLE LAST	15. MOTHER'S MAIDEN N	MODIE	Unknown				
t, the me	16a	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MEDIFORCES? 166 SOCIAL SECU E WAR OR DATES! 215–18–9	011	+ Samuel J.	Cimino Same as #13				
n 18 shows any injury, or other traum	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	NCE OF A LACED TO THE TER	200 AUTOPSY2 YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \)				
ked or Item 1	MEDICAL CEI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IN ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		19 211 LOCATION	JRRED (ENTER NATURE OF INJUI					
II Item 21 Is man	2	sow the deceased alive on obove, (1) (we) (did) (did no 226. SIGNATURE	tal) offended the deceosed from 19 5	, and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	10 5 4	that (I) (we) los ote and hour and from the couses stated				
IMPORTANT	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	CITY OR TOWN	// cgpery, acster				
25M		UNERAL DIRECTOR  AMELLU Funeral	Ralto N	d., 21225 Process Company of the control of the con	ATE REC'D. BY REGISTRAR					

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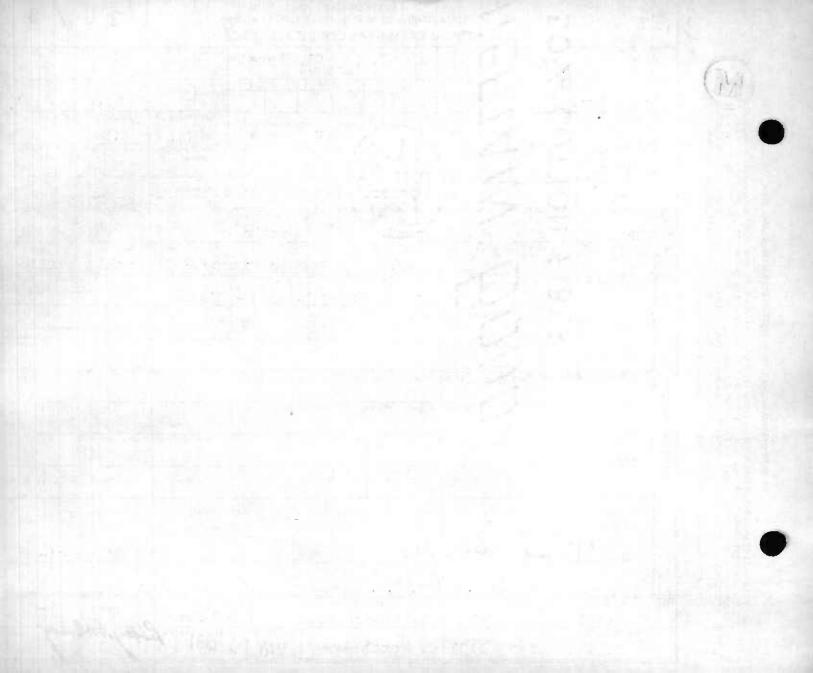




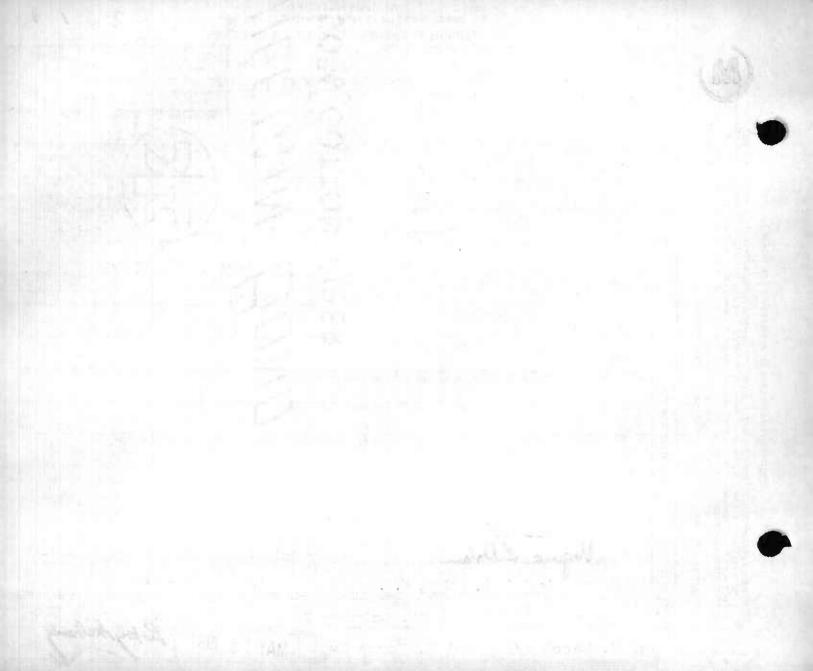
No.	1		STATE OF MARYLAND	0 7 7 7				
8	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖔 🚶	2011				
-3-	l.	REGISTRAR	CERTIFICATE OF DEATH REG. NO.					
0 %		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
مَّ سِينَ	1	VERA	X. PRESTON CLIFTON 5	5/2/8/ 1/30 A				
ر الله الله الله الله الله الله الله الل	3. SE		4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
		+	SEPT. 7 1915 65 YRS	MONTHS DATS HOURS MIN.				
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN					
# 48 35		MD.	1 5 4	TTY MD.				
Softed Softed	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR				
- 0 . 2 3	B	HIMORE	THE JOHNS HOPKINS HOSPITAL RET. SECRETAR					
MARYLAND 2120 red within Thours and 2 should be file accominer must be the	130.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	01				
AND AND S		MD. HAR	FOR D HAVRE DEGIALE YES & NO 1 656 OTSEC	O STREET				
RYLA within within within	14. FA	THER'S NAME	MIDDLE LAST LAST MOTHER'S MAIDEN NAME	a constant				
	2	ARTHUR	- PRESTOW BELLE XENIA	CARSINS				
MORE, ond co execution ond co Poges		VAS DECEASED EVER IN U.S. AR	Charles On Diversity					
BALTIMORE, COLVIOLE be execution and copers. Pages you'll, the medical column is to the medical column in the medical column in the medical column is the medical column in the		No -	1221-63-12081 CHARLES H.CLIFTO	IN (SAME)				
f., BALT. physicion popers. movol. vent, the		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (g)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ng phys bon pop remove			ECAUSE (0) Candiamilmanay artely	30 min				
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t W. PR hot the by the Sse rem I, cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF					
ot w		underlying couse lost	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON  ING PHYSICIAN: The low requires that the death of otherding physician.  After this certificate has been signed by the attending of the buriol-transit permit. Then please remove coch the and Mental Hygiene prior to buriol, cremation, or orked or them 18 shows any injury, or other froumatic.	z	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but not related to the terminal disease or condition (	SIVEN IN PART 110				
been s	CERTIFICATION	19g DATE OF OPERATION						
he low on, the price of the pri	FICA	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
F VITAL RAN. The Ishysicion. Through the intronsit per int	ERTI	21a ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCUPPED (STANDARD OF INJURY)	YES NO				
NOF VITA  SICIAN: Ting physicing certificate entol Hygistem 18 sh		OR CONTRIBUTING CAUSE OF DEA	THE THE PARTY OF T	8 PART I OR PART 2)				
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PH Hend The b	ME	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFICE FARM, ETC.)  TIT LOCATION  STREET CITY OR TOWN	COUNTY STATE				
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E S S S S		sow the decreased alive on	tol) ottended the deceosed from	, 19 that (I) (we) lost				
AT A		obove, (1) (we) (did) (did not	view the body after death.  DEGREE					
T T		1/	ATTENDING MEDICAL STAFF	22c. DATE SIGNED				
B - S		22d PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN 7	13/2/01				
TO HOSPITAL retoined by 14 TO FUNERAL should be det with the Store		S16 (XC)	15 John Holling Hosel	La Raltanon				
Show with	12- 0	JIC VOC V	Johns Grand John	to lad house				
BP	230. E	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR SOLL OF CHILD OF	110000000000000000000000000000000000000				
	24 FI	INERAL DIRECTOR	100s	HULORD MD				
DHMH - 16 50M 1/B1 (VRA 15, 4)	M	to Total I FUND	ADDRESS IN . In.	- Total Creek				
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4.	-	FOR			PART	STA	HEALT	MARYLAI H AND M	ND ENTALH	VGIEN	e i		2	18	7	8
9		1- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								0						
	1. DE	CEASED NAME	FIRST		MIDDLE			IAST CT		- 1 -	20. DATE	KNOWN [	NONTH	DAY	YEAR	2b. HOUR
	(TYP	E OR PRINT)	Rober	†		1	(Cla	nkscal	inksc e	ате	OF DEATH	MATED X	5	9	1981	M
	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN Y	EARS IF L	INDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	1050	нтиом	DAY		2d. HOUR
Я	M.	ale	Black	6 21	16	64	RS.	THS DAYS	HOURS	MIN	PRONOUN DE AD		5	11	1981	9:15
-	7a. B	RTHPLACE (STA	ATE OR	76 CITIZEN OF WI	AT COUN	VTRY?	8. MAR	RIED   NE	VER MARRIE	ED 🗍	9 BALTIM	ORE CITY	OR COUN	TY OF		
1			S.C.	US			WIDO	WED X	DIVORCE		Bal	timore	e Cit	ty		MD.
0	10. C	TY OR TOWN C	OF DEATH	11. NAME OF HOS	CILITY, GIVES	STREET ADDRESS)		HER INSTITU	ITION		AL OCCU	PATION (TYP	E OF WORK	12b K1	ND OF BU	SINESS
U		altimore		1842 M	aulsb	y Cour	-+									
5	13a. S	TATE MD	13b. COUP	OR OTHER INSTITUTION, GI VTY	13c CITY	e BEFORE ADMISS Y OR TOWN 1 timo		13d. INSIDE (	NO [	13e. STR	EET ADDRE	ss Maul:	sby	Ct.		
	14. FA	THER'S NAME		WIDDLE		LAST		15 MOTH	ER'S MAIDE	N NAME		IDDLE			LAST	
20		Charle		C	link	scale			Martl	ha						
	16a V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURI	TY NO.	17. INFOR				ADDRESS				
		_No				N/A		Rob	bie I	Pier	ce 3	3606	Beck	ley	svi	lle
		18 CAUSE OF	DEATH (Enter or	nly ane couse per line										BET	PPROXIMATE	INTERVAL
		470		TE CAUSE (o)_AT				Cardio	ovascu	lar	Disea	se				
AL, CREMATION, OR REMOVAL.		Condition	s, if any, which		AS A CON	NSEQUENCE	OF									
X X	-	gove rise	e to immediate	(b)												
		lying caus	stoting the <u>under</u> e last.	DUE TO, OR	AS A CON	NSEQUENCE	OF									
٦		AADT A OTHER CIC	NIFICANT CONOLTIONS	(c)												
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).														
1	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20. /	AUTOPSY:	
23	E													YES 🗌	NO 🕅	
->		216. EXTERNAL CAUSE WAS  21b. TIME OF INJURY  UNDERLYING OR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)									ART 2)					
5	ICAI	CONTRIBUTIN	IG 🗌 CAUSE OF			19										
	MEDICAL	21d INJURY OF	CCURRED NOT WHILE	ZIE PLACE C STREET, FACT			21f. L	OCATION STREET			CITY OR TO	WN	CC	YINUC		STATE
		AT WORK	AT WORK													
		22a I certify	y that I took chor	ge of the remains des	cribed abo	ove, held an	Auto	psy .	Inspection	X.	Inquiry		nd in my o	pinion		
		death resulte	d fram: Natu	ıral causes 💹,	Accident		vicide [	], Hami	cide 🔲 ,	Undete	ermined mo	onner .				
		ACTUAL	11.	J.Ono		10			SPECIFY)							11
_		SIGNATURE _	March	va Friday	a/	9	,	M.D. ASS	sistan	T MEDI	ICAL EXAM	AINER	DATE		5-11-	-81
7	-	EXAMINER'S N	NAME V.		0 1											
-	-	(TYPE OR PRIN	IT)V I	rginia L.		in, M.C		_ADDRESS_				Stree	†			
	23a. B	PECIFY)	ION, REMOVAL					OR CREMATO		23d. LO	CATION PRIOWN 11tin	.0.00	COL	INTE	M	250
	24 5	Buri UNERAL DIRECT		5/16/81	E	Balti	nore	cem.					Calles Div	hat	2	
	-	NAME	March	E/H ADDRESS	)1 ឆ	. Nor	th 7	Ave	25a. DATE R	13	1981	Par	Jany!	June 1	7	
	_ n	m. C.	March	E/11 11(	, <u></u>	. 1101	C11 /	170.	MAY	70			1		1	



TV.	1 - STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE   2 3 7 9  MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
(M)	REGIST  1. DECEASED  (TYPE OR PRIN	NAME FIRST	onya Tenr	WIDDLE		krell	2a. DATE OF	REG. NO.  KNOWN X MON ESTI- MATED		26 HOUR		
\$205 X	sex Femal	4. RACE	5. DATE OF BIRTH	80 6. AGE		nder 1 yr. If und	ER 24 HRS. 2c. DATI MIN: PRONOU DEAI	NCED	TH DAY YEAR 5 11 19 81	24 HOUR		
NECESSA UNNERAL S FOR Y WITHIN	FOREIGN CO	CE (STATE OR PUNTRY) MD		JSA	WIDO		RCED B	MORECITY <u>or</u> co altimore (	City	MD.		
2, P ANY DELAY IS NE 2, AND 3 TO THE FUR 3 RETAIN PAGE 5 F 2 SHOULD BE FILED. AL RECORDS, 201 W.	Balt	own of death imore	4621 Re	PITAL, NURSING H CILITY, GIVE STREET ADDI DISTORSTO	wn Roa		12a, USUAL OCCL FOR MOST OF WO	JPATION (TYPE OF WO	ORK 12b. KIND OF BU OR INDUST	ISINESS RY		
SHOULD RECOR	130. STATE MI	COL	AE OR OTHER INSTITUTION, GI JNTY	Baltim		13d. INSIDE CITY LIMITS		Reister:	stown Rd	•		
FORM PWS	Jol	NAME IN CEASED EVER IN U.S. /	MIDDLE	Cockrel		15. MOTHER'S MA FIRST Lauri 17. INFORMANT	1	ADDRESS	Smith			
ERMIT. PAGES I ENE, DIVISION AL.	(YES, NO, O	RUNKNOWN) (IF YES, G	IVE WAR OR DATES)	N/			aylor 49		ore			
TOUR DE EXECUTE WITHIN 24 HOURS AFTER DEATH.  BY "FENDING". IN FENDIN 18. GIVE PAGES 1.  HIEF MEDICAL EXAMINER ALONG WITH FORM PMS.  USED AS A BURIAL - TRANSIT FERMIT. PAGES 1. AND 2.6  OF HEALTH AND MENTAL HYGIENE, DIVISION OF YIM.  IRIAL, CREMATION, OR REMOVAL.	go ly PART 2	Conditions, if any, which gove rise to immediate couse (o) stating the under-lying cause last.  (c)  RT 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
STATE DEPARTMENT OF HEAL S, 21201 PRIOR TO BURIAL, CR	19a. D.	ATE OF OPERATION	21b. TIME OI		216 1		RED (ENTER NATURE OF IN	NJURY IN ITEM 18 PART 1 C	20 AUTOPSY YES XX	? NO 🗌		
ATE DEPARTM 1201 PRIOR TO	WEDICAL TOOUT 219 IN WHILE AT WO	216. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   OR PART   OR							COUNTY	STATE		
TO FUNERAL DIRECTIONS PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201	death	AL HAG	arge of the remains des	Accident ,	Suicide	DSY XX. Inspection Inspection Inspection TITLE (SPECIFY) A.D. ASSIST	Undetermined m	nanner,	ny opinian	-81		
GE 4 SH GE 4 SH FUNERA TER DEAT			rginia L. [	Dolan, M.		ADDRESS	III Penn S	Street	GNED			
DHMH-17	(SPECIFY)  I 24 FUNERA		5/19/81	Mt.	Calva	ry Cem.	23d LOCATION Balt		COUNTY S	MD		
(VR A15 ME (5) ) 15M 2/80	Wm.	C. March	F/H 11	01 E. No	orth A	Ave. MA	A T 9 1901	-1	- 1			



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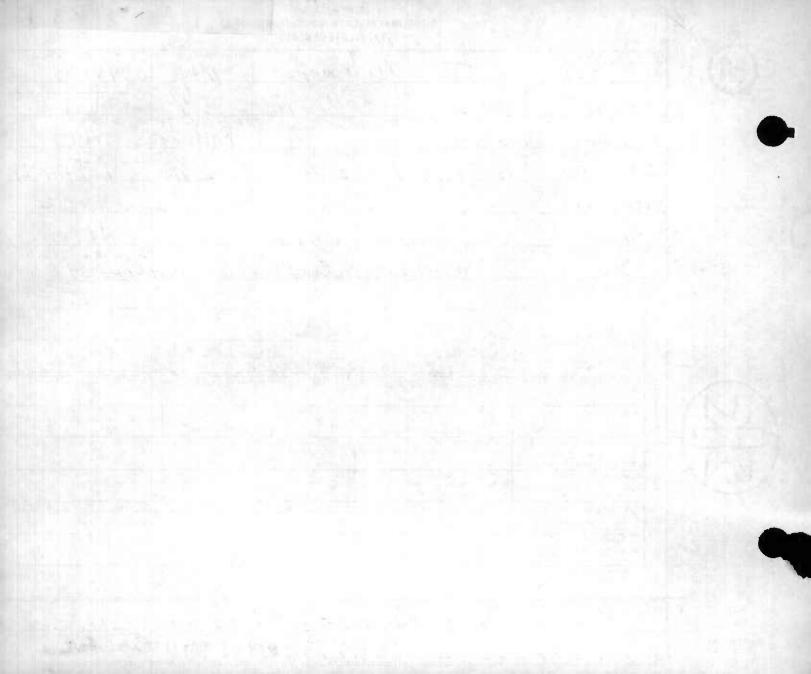
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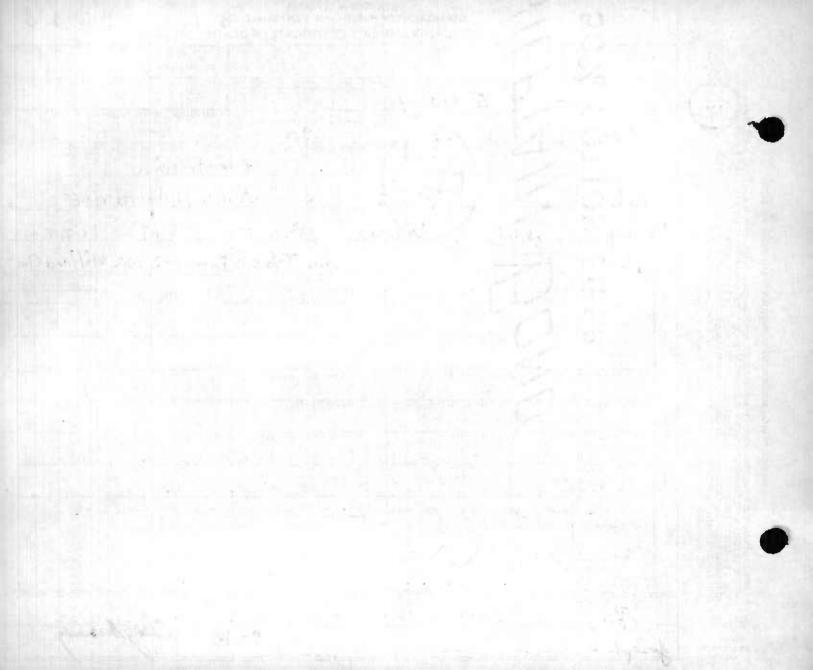
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

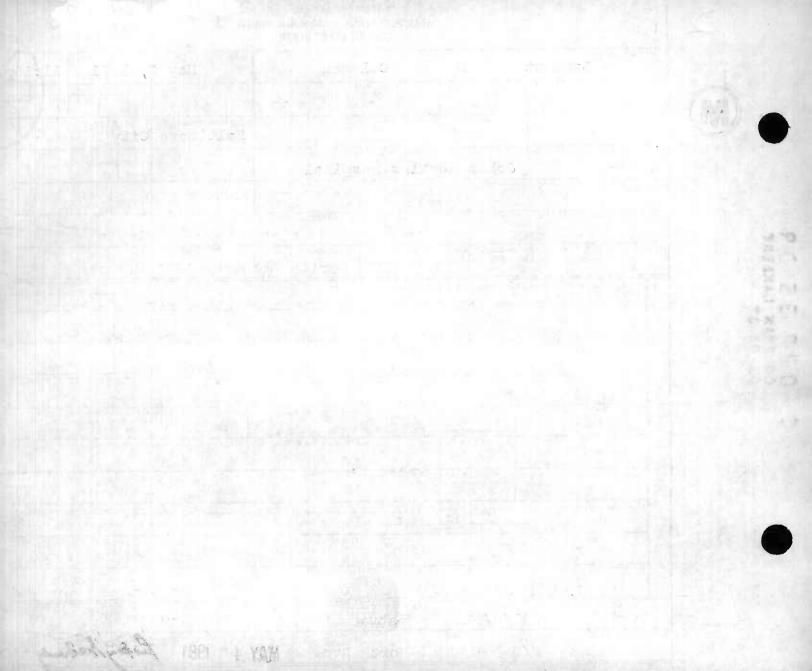


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			E OR PRINT)					OF	ESTI-	нтиом		YEAR 26 HOUR	
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	PLEASE CTOR. FILES. HOURS	3. SE	4. RACE	S DATE OF BIRTH	6. AGE (IN )	EARS IF UND		24 HRS. 2c. D/	TE	MONTH	DAY	YEAR 24 HOUR 9:50	
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	2 E E E E	10. C	TY OR TOWN OF DEATH		SPITAL, NURSING HOA	E, OR OTHER	RINSTITUTION	120. USUAL OC		E OF WORK		OF BUSINESS	
	DELAY N PACH SDS, 20		Baltimore	(garage		hall S	t.		VORKING LIFEY		OKINI	DUSTRY	
	IF ANY DELAY IS NEC SSARY, PLEASE 2, AND 3 TO THE FUNERALDIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHINYZ HOURS. 11, RECORDS, 201 W. PRESTON STREET.	USU	L RESIDENCE (IF IN NURSING HOME				* *	6-1-01	relian	1			
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Q	A A A O -	160.	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURI	TY NO II	7. INFORMANT	C C	ADDRESS		leg	icizer!	
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BALTIMORE,	A NIS A		100 -			/	NIR -1-105	sie Pru	M -3	702	11/10	rd yve	
3	E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES I, E CHIEF MEDICAL EXAMINER ALONG WITH FORM PMEUSED USES AS A BURBLAL-TRANSIT PERMIT. PAGES I AND NI OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIBURIAL, CREMATION, OR REMOVAL.		IB CAUSE OF DEATH (Enter or	nly ane cause per lin	e far (a), (b), and (c).)						APPRO.	XIMATE INTERVAL	
PRESTON ST	SA S		PART I DEATH WAS CAUSE	TE CAUSE ( Ca	rbon monoxi	de int	oxication	complic	ating r	narco	t sm	ONSET AND DEATH	
ō	2 E O E O S	-	X X X 3 IMMEDIA		R AS A CONSEQUENCE								
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-	A S S S S S S S S S S S S S S S S S S S	-	gave rise to immediate	e / (b)									
3	A WENT A	1	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OI	R AS A CONSEQUENCE	OF							
201	NO A EX E		ying coose lost.	(c)									
DS,	ANAMA		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE D	R CONDITION GIVEN IN PA	PT 1 (a)					
RECORDS,	E TA	Z	100				a constitution strength in the	N 1 1 107.					
2	A SEA	CERTIFICATION	19a, DATE OF OPERATION	List contra									
3	S F R F A	5	170. DATE OF OPERATION	196. COND	ITION FOR WHICH OPE	KATION WAS	S PERFORMED?				A D D	ONIL V	
VITAL	SHOULD ORD "PE CHIEF A E USED A T OF HEA	#									YES	ONLY NO	
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Z	SECSET		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEA		-1		£				
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DIVISION		MEDICAL	14/10 F	STREET FAC	TORY, FARM, ETC.)	STRE	EET	CITY OR		co	UNTY	STATE	
۵	HIS ARE	1	AT WORK AT WORK	× gar	age	1827	Marshall	St. Ba	lto.			Md.	
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	<b>≸</b> ERDE>	1	death resulted fram: Natu	ral causes 🔲,	Accident X, S	uicide	Hamicide	Undetermined	manner,				
	A K E E E E		The state of the s	0			TITLE (SPECIFY)						
	AHONE"		ACTUAL SIGNATURE	1/20		M.D.	Assistan	T MEDICAL EX	AMINED	DATE	5-3	3-81	
	SE SE SE		/ / / 0	COVI						310146			
	AND WE	-	EXAMINER'S NAME A	nn M. Dîx	on, M.D.		11	1 Penn S	5+.				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF 1 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	22.5	(TTPE OR PRINT)				DDRESS	1001122					
	-mg-dg	23a.B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE			23d. LOCATION	11 11	cou	NTY	STATE	
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2011	DUMU 17	24. F	INERAL DIRECTOR	ADDRES			25a. DATE	REC'D. BY REGIST	RAP		O STATE OF	9	
2011	DHMH - 17 (VR A15 ME (5))	1	oseph - Ru		-22 W no	wh we	MAY	0 - 130	1	/	1	,	
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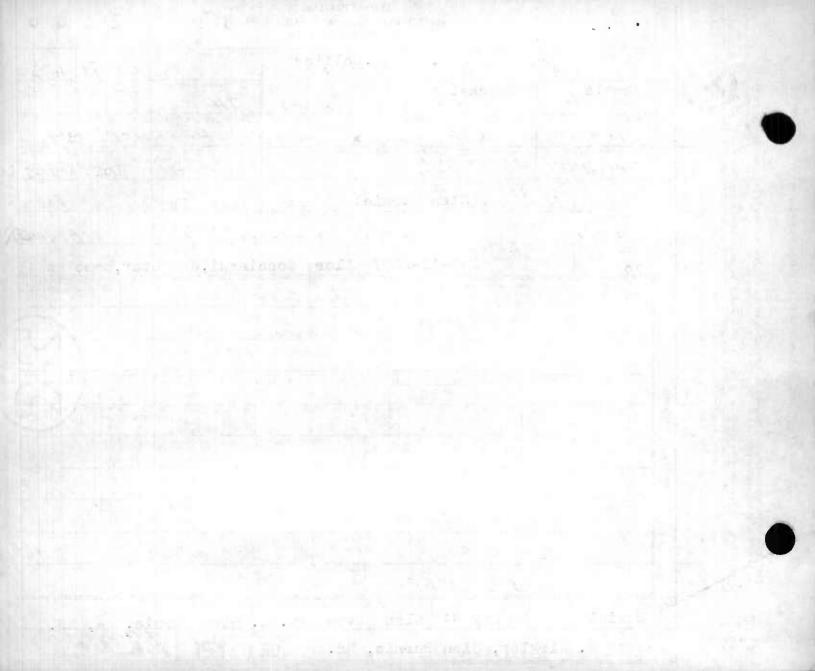


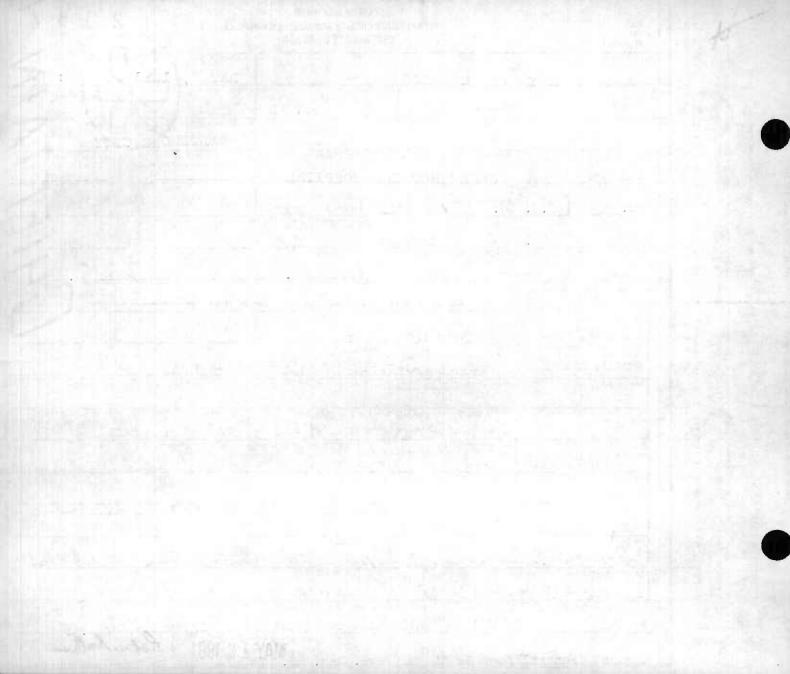
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Coleman Lambert H May 2, 1981 11:10p 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 37 B M 44 M BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City Md. USA WIDOWED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR Johns Hopkins Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Balto. WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 1222 N. Caroline St. 13n. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Md. YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Coleman Joseph Trustee Martha ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT HEYES GIVE WAR OR DATES! 213-32-1270 1222 N. Caroline St. Martha Coleman No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS JOIN underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? IVEW. abscere NO YES [ NO F Mentol Hygier ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) STREET orked NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 81 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 40 226 SIGNATURE DEGREE 22c DATE SIGNED 4 ATTENDING MEDICAL be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould be 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Catonsville, Md. 5/8/81 Westview Mem. Pk. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIG DHMH - 16 50M 1/B1 1101 E. North Ave. (VRA 15. 4) March F/H



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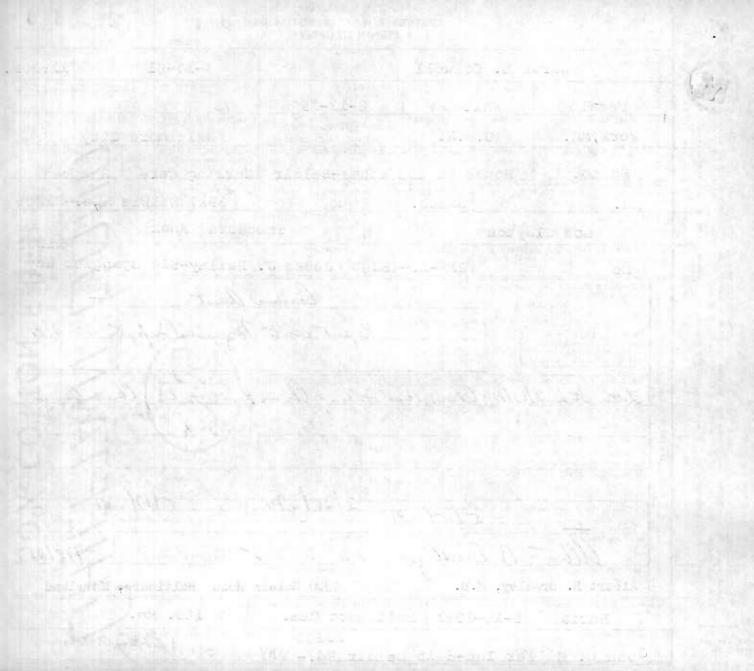
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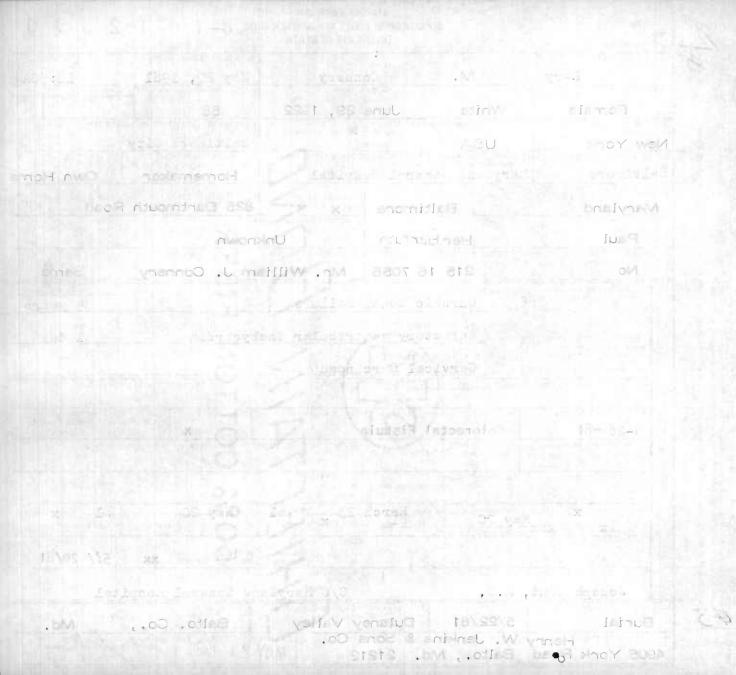
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Westley  3. SEX  4. RACE  Black  7. LATE BIRTH  MONTH  DAY  YEAR  7. LAST BIRTHDAY)  FOR HOLD TO TOWN OF DEATH  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)  13. SEX  14. FATHER'S NAME  FIRST  16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNC  DEATH MONTH  DAY  PRONOUNC  15. MARRIED   NEVER MARRIED   PRONOUNC  WIDOWED   DIVORCED   PALTIMO  Baltimore  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  10. CITY OR TOWN  Balto.  13. CITY OR TOWN  Balto.  14. FATHER'S NAME  FIRST  MIDDLE  15. MOTHER'S MAIDEN NAME  FIRST  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	ESTI- MATED W 4 5 1981  LED 4 10 1981 5:2  RECITY OR COUNTY OF DEATH  TIMORE CITY MATERIAL STREET OR INDUSTRY  S anvale St.
(TYPE OR PRHAT)	ESTI- MATED W 4 5 1981  LED 4 10 1981 5:2  PRECITY OR COUNTY OF DEATH  LIMOTE City MIZED KIND OF BUSINESS OR INDUSTRY  Seanvale St.
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AT WORK	
	, ond in my opinion
death resulted from: Natural causes 🛣, Accident 🔲, Suicide 🔲, Hamicide 🔟 Undetermined mon	ner [],
ACTUAL PAGE (SPECIFY)	DATE 4-11-81
SIGNATURE ULCANA EDOLON M.D. ASSISTANT MEDICAL EXAMIN	NER SIGNED 4-11-01
EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Str	-ee†
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY STATE
Removal 5/12/81	
24 FUNERAL DIRECTOR  NAME  ADDRESS  250. DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Anatomy Board Balto., Md.	

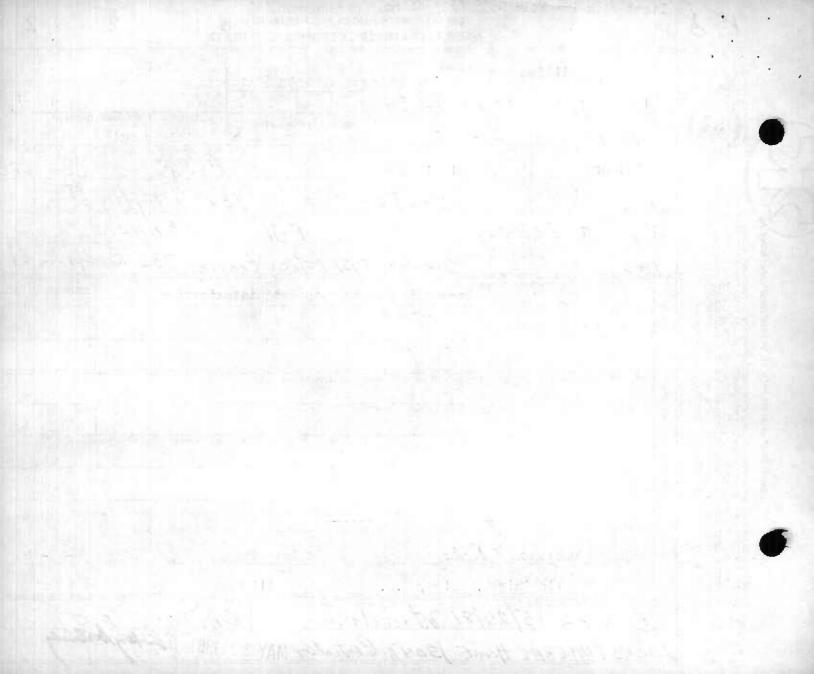
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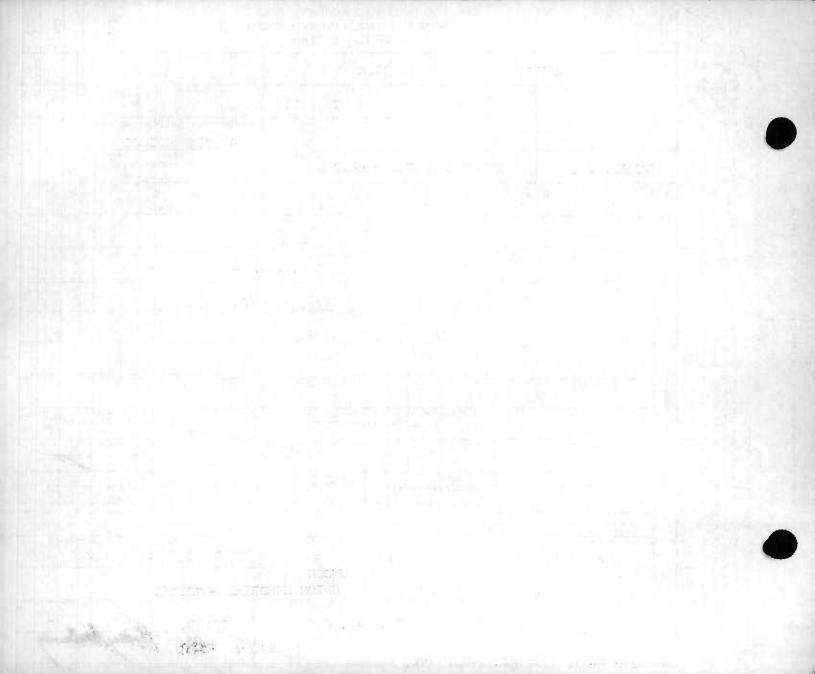
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE @ DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b HOUR YPE OR PRINTA RITA MAY 5, 1981 2:35AM MARY CONNOLLY 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 920 0emale. BALTIMORE CITY OR COUNTY OF DEATH 10. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY 1004/600 DIVORCED 10 CITY OF YOWN OF DEATH II. NAME OF 12h KIND OF BUSINESS OR (TYPE OPWORK FOR MOST OF WORKING LIFE) INDUSTRY TOHNS "HOPKTNS "HOSPITAL timore Moduation Mas. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STAT 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS coulark 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE 16h SOCIAL SECURITY NO ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ( IF YES, GIVE WAR OR OATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) KORELI PART I. DEATH WAS CAUSED BY: CARDIO PULMONARY 10 MINUTES IMMEDIATE CAUSE (a)\_ DUE TO OR AS A CONSEQUENCE OF 10 DAYS Conditions, if any, which NECROTIC Rowsl gove rise to immediate couse (a), stoting the 9 DUE TO, OR AS A CONSEQUENCE OF 10 DAYS underlying cause last. MESENTERIC ISCHEM (A ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 190 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX MESENTERY LSCHEMEA YES [ NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 田 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (If (this hospital) attended the deceased from. 81 \_, and that in (my) (our) opinion death occurred on the date and hour and fram the couses stated saw the deceased alive an obove, (1) wet did (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 5/8/ MI DIRECTOR PHYSICIAN FUNERAL PHYSICIAN 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRI ld b MPORT JOHUS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE DHMH-16 30M 2/80 obert S. Barranco (VRA 15, 4) Severna Par

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FORM PM. 3, ES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SIED SEPRARMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL. 301 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	160.	WAS DECEASED EVER	IN U.S. ARM		16b soc	146-	NO.	17. INFORM	Contract of the second	PANA	VAY	ADDRESS 738	0	oly	thin	el
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL,	MEDICAL	214. INJURY OCCUR WHILE NOT		21e PLAC	E OF INJURY EACTORY, FARM, ET	(AT HOME.	211 LOC ST	ATION		c	ITY OR TOV	WN	со	UNTY		STATE
EXAMINER: CERTIFICATE, DIRECTOR: WITH THE S		22a I certify that death resulted from		of the remains of the	described aba Accident		Autapsy	y XX. Hamicio	Inspection (	, Undeterm	Inquiry		d in my op	oinion		
CAL EXA THE CER HOULD ATH, WI		ACTUAL SIGNATURE	irgini	a Lh	bea		M.	TITLE (SP	istant	MEDICA	AL EXAM	AINER	DATE	<sub>D</sub> 5	-25-	81
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT	2	EXAMINER'S NAME (TYPE OR PRINT)	virg	inia L.				ADDRESS	111			reet				
BP	(	URIAL CREMATION, I	REMOVAL 23	5/29/	8/ m	TAME OF CEN	LETERY OR	ph.		23d LOCA	711	0.	COU	7-9	/ 807	NTE
1703 DHMH-17 (VR A15 ME (5))	24. F	NAME KS FULL	YERA	1 Hossi	9 460	047.0	Periti	4. 11	MAY	27 1	GISTRAI 981	R 25h	7/	Au g	14	
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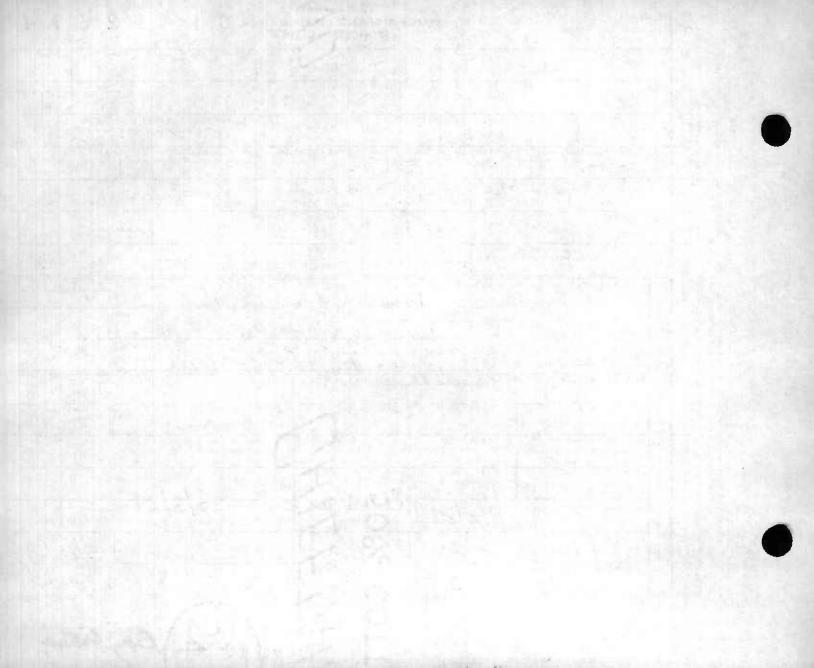
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DHMH - 16-50W 1/81

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



21222

7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND

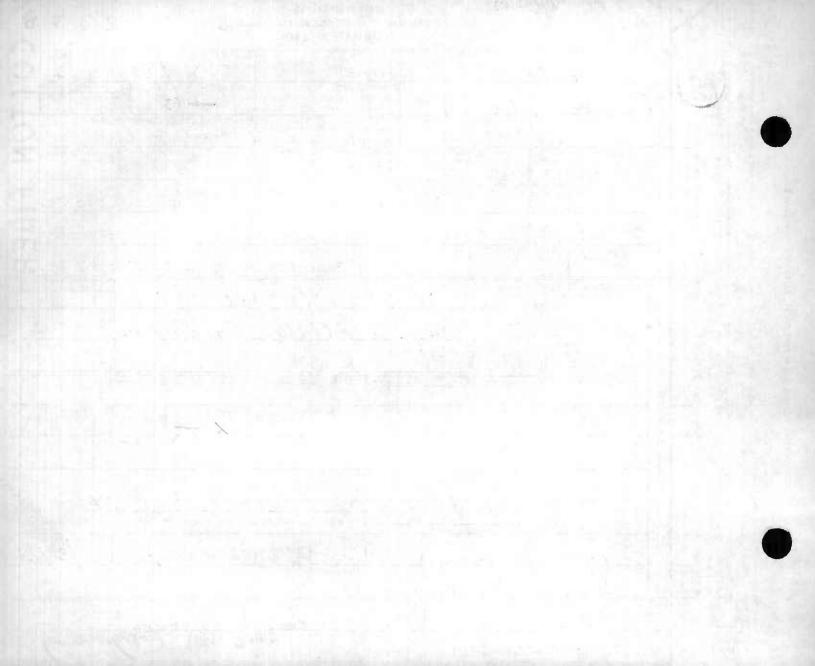
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15 (4))

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\_/		REGISTRAR  CEASED NAME FIRST OR PRINTI		MIDDLE		AST .	LAIII	REG, NO		EAR 26 HOUR
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DE SP	3. SE	Femile	1 RACE	10.0	S. DATE C		1 <sup>YE</sup> AR	6 AGE (NY YEARS LAST BUTT	ZHTHOM	YEAR IN UNDER 14 HRS
A Pog	70 B	DUNTRY)	76 CITIZEN.OF		RY? 8.	D NEVER A		9 BALTIMORE CITY O	R COUNTY OF DEAT	TH
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201 by the filed w	]	Baltimore	Luth	eran B	Hospita		IIIOIION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		IND OF BUSINESS OR STRY
NO 21 24 hour cold be cold be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN'	OTHER INSTITUTION	GIVE RESIDENCE BI	OWN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 2001 Por	plar Gro	ve St.
7 75 1	14 F/	THER'S NAME FIRST M	HODLE	LAST		15 MOTHER'S	MAIDEN NAM			
DO 300		Samuel		Hillia			Tellie			inson
ORE open	16a. V	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	166 SOCIAL S		17. INFORMA		ADDRE		- 1- CI
De Se		18 CAUSE OF DEATH (Enter only		N/		веат	rice	Young 291		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2120  ING PHYSICIAN: The low requires that the death certificate be executed within 24 lights of an executed physician.  Ifter this certificate has been signed by the attending physician and completing littled in a ost the buriol-transit permit. Then please remove carbanapati. Page 1 and 2 should be fall the and Mental Hygiene prior to buriol, cremation, or removal.  orked or frem 18 shows any injury, or other traumatic event, the midical perhanary must be a considered as the constant of	NO	Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	(b)	R AS A CONSE	OUENCE OF	Celli NOT RELATED	TO THE TERMI	Carcin NAL DISEASE OR CONE		iRT l(a)
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES []	
IVSICIAN: The liding physicion. Is certificate has burrol-transit per Mental Hygiene arritem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER, NOTIEY MEDICAL EXAMINER)	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PAR	RT 2]
DING PHYSICIA or attending pl After this certif e as the burnal-ti alth and Mental marked as them	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	2)e PLACE			21f LOCATIO	DN	CITY OR TOW	'N COUNT	Y STATE
TENDIN rital or TOR: Afi or use o or use o sf Health		220.1 certify that (1) (this haspite saw the deceased alive on	5/5/	1		18 and that in (my)	, 19	eath accurred an the da	3 19 d from	, that (1) (we) last
I OR All the hasp of DIRECT of DIRECT of DIRECT of DEPT. If Hem.		obave, (1) (we) (did) (did nat	View the body	gitter death.	m		ATTENDING PHYSICIAN [	MEDICAL STAF	F	DATE SIGNED
O HOSPITAL  refound by th  TO FUNERAL  should be deto  with the Store		22d. PHYSICIAN'S NAME TYPE OR	0	bremo	yrau	22e ADDRES		THISIC THISIC	75	1-11-
1500000	23o. E	URIAL CREMATION REMOVAL	13b. DATE		3c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		
BP	(	Burial	6/5/8	1	Mt. A	uburn	Cem.	Baltir	COUNTY	STATE
DHMH - 16 50M 1/76		INERAL DIRECTOR		ADDRESS			250 DATE	REO'D. BY PET STRAR	25h BECHETRAR'S ST	MATURE
(VR A 15 (4) )	WI	n. C. March F	/H 11	01 E.	North	Ave.		100000000000000000000000000000000000000	A CONTRACTOR OF THE PARTY OF TH	K 2004



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W ~	(177	PE OR PRINT)	Eil	oon	R.			7,40,460	1		OF E	211-	5	14 19	9 81	I. TIOOK
E GERA	3. SE	X	4. RACE	S. DATE OF BIRTH	1		EARS IF U	Crawfo	IF UNDER	24 HRS. 2	C DATE		MONTH	DAY	YEAR	2d HOUR
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SSAR RALL	70. B	IRTHPLACE (S	STATE OR	76. CITIZEN OF V			Ta .	RIED   NEV	/FR MARRI	ED []	BALTIMOR	E CITY OR	COUNT			PM
S NECESSARY, PLEASE E FUNERAL DIRECTOR E 5 FOR YOUR FILES. D. WITHIN/2 HOURS I W. PRESTON STREET,		ENNSYLV		U	JSA			WED 🔯	DIVORC		Balt	imore	Cit	<b>/~</b> ₹7		MD.
COE (SE PER PRINCE)	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HO		JRSING HOM	É, OR OTI	HER INSTITUT	ION	FORM	AL OCCUPAT OST OF WORKING	ION (TYPE O	F WORK	OR II	<b>NDUSTR</b>	SINESS
A D A B A D A B A D A B A D A B A D A B A D A B A D A B A D A D		altimor		4	809 C	rowson	Aver	nue		BOOK	KEEPE	R		OFF]	ICE	
21201 - ANY E AND 3 RETAIN HOULD RECORI		MD.	13b. COUP	OR OTHER INSTITUTION, VTY	13c. CIT	Y OR TOWN	ION)	13d. INSIDE (I'	TY LIMITS?		et address CROWS	ON AV	/E.			
MD. H. IF 1, 2, 7, 3, 1, 2, ST 1, AL	14. F.	ATHER'S NAM		WIGDLE		LAST		15. MOTHE	DST		MIDDE	E		LAS	ST	
AND SESTINE	3	PAUL		RATT	RISC				HERIN	E			REA	AGAN		
RESTON ST., BALTIMORE, MD. 21201 HIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEG IT IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUN R. ALONG WITH FORM PM 3. RETAIN PAGE 5 F NSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. W I HYGIENE, DIVISION OF VITAL PECORDS, 201 W. F EMOVAL	16a. \	WAS DECEASE (ES, NO, OR UNKN) NO	ED EVER IN U.S. AR OWN) (IF YES, GIVI	RMED FORCES? E WAR OR DATES}	100	-22-54		REAG.		CRAW	VFORD 2	ADDRESS 242 BI	ENHI	21 EIM I	1212 RD.	
URS BIB. G WIT. P.		18 CAUSE C	OF DEATH (Enter or	nly ane cause per lir	ne far (a), (l	o), and (c).)								APPR	ROXIMATE EN ONSET	INTERVAL AND DEATH
ON S FEM HO DNG FERM FERM		LAS	EATH WAS CAUSE	ATE CAUSE (a)		sclero		cardio	vascu	lar d	isease					
W. W.		Canditio	ans, if any, which		R AS A CO	NSEOUENCE	OF									
	-	gave r	ise to immediate  i) stating the under	e (b)	O AS A CO	NSEQUENCE	05							-		
		lying ca		DUE 10, O	K AS A CO	NSEQUENCE	OF									
AL RECORDS, 2011VILLO BE EXECUTED "PENDING" IN PE FE MEDICAL EXAM SED AS A BURIAL- HEALTH AND MEI HEALTH AND MEI	z	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT REI	ATEO TO THE TER	MINAL OISEA	SE OR CONDITION	GIVEN IN PAI	RT 1 (g).						
REC PENICO BY PENICO BY PE	-   ₽ 	19s. DATE O	FOPERATION	19b. CONE	OITION FOR	WHICH OPE	RATION	VAS PERFOR/	MED?					70 AU	TOPSY?	
F VITAL RE E SHOULD WORD "PE E CHIE N BE USED A BURIAL, C	FF													YE	s 🗆	NO X
VISION OF VI	AL CERTIFICATION	UNDERLYING	AL CAUSE WAS  G OR ING CAUSE OF	1	M. MONTH	H DAY YEA		IOW INJURY	OCCURRE	D LENTERN	ATURE OF INJURY	IN ITEM 18 PAI	RT 1 OR PAG			A
DIVISION C RITHIS CERTIFICA ITE WRITING THE PRWARDED TO THE REPACE 35HOULD E STATE DEPARTM	MEDICAL	21d. INJURY		21e PLACE		Y (AT HOME,		STREET			CITY OR TOWN		COL	UNTY	H.	STATE
EXAMINER: THIS CERTIFICATE WR ULD BE FORWARR DIRECTOR, PAGE , WITH THE STATE MARYLAND, 2120		220 I cert	ify that I taak char	ge af the remains d			Auta	1	Inspection	_	Inquiry [		in my ap	iinian		
XAMI ERTIFICIBLE WITH ARYLL		death resul	ted fram: Natu	ural causesXIX ,	Accident	□, _ S	uicide	, Hamic		Undete	rmined manni	er L.,				
MEDICAL EXAMINER: COTE THE CERTIFICATE SE & SHOULD BE FOR FUNERAL DIRECTOR: FER DEATH, WITH THE S	1	ACTUAL SIGNATURE	-1/7	(54	wa	9	^	A.D. Ass	sistar	nt MEDI	CALEXAMINI	R	DATE	D	5/15	5/81
		EXAMINER'S (TYPE OR PR	INT) H	ormez R.				_ADDRESS			Street		o.,M	iD 21	.201	1531
8P	23a. E	SPECIFY) CREMA		236 DATE MAY 16,19	1	NAME OF CE			ORY	23d. LOC CITY C BA]	CATION R TOWN LT1MORI	5	COUN	4TY	MD.	
275/ DHMH-17		UNERAL DIRE	CTOR	ADDRE	\$5				250. DATE F	REC'D. BY	REGISTRAR	25b. REGIST	RAR'S S	IGNATU	RE	d.
(VR A15 ME (5)) 15M 2/80	M	TICHELI	WIEDEFE	CLD HOME	0500	YUKK RI	). 21	717			9 80		77-1	7//		7

English, address, and the same See See Man Land Chris . 28 May Document Land Land Land

FOR - STATE REGISTRAR		DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH	NE 8	REG. NO.	1	2	3	9	
CEASED NIAME	CARCT	AA IESES E	145	D . TE O.	DE LEIL				_	_

[ '	- STATE REGISTRAR				CERTIF	ICATE OF E	EATH	RI	G. NO.			
	CEASED NAME	FIRST	,	AIDDLE		AST		20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOU	JR
		MARIE	E		CRAWFO	RD			MAY	§2 <sub>1981</sub>	1:15	i Am
3. SE	Female		* RACE Whit	е	S. DATE C		*f85	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER	MIN.
	RTHPLACE (STATE Maryland		76 CITIZEN OF		TRY? 8  MARRIE  WIDOWE	D NEVER /		Baltin		NTY OF DEATH		MD
E	Baltimore			ch Home	e Hospi		TITUTION	12a. USUAL OCC (TYPE OF WORK FOR Homems	MOST OF WORKIN	G LIFE) 12b. KIND (	OF BUSINE	ESS OR
130. 3	AL RESIDENCE (# N STATE Md .	13b. COU	ROTHER INSTITUTION. NTY	Balti	EFFORE ADMISSION) TOWN MOTE	13d. INSIDE C YES 🌁	ITY LIMITS?	13e SIRFEI ADDI	Ellwo	od Avenu	.e	
14 FA	ATHER'S NAME		MIDDLE	LAST			MAIDEN NAM	ME	DIE	0 14	SI	
1	John			Heis	ser		Emma			Qua	ty	
-1	WAS DECEASED EV YES NO OR UNKNOWN) O		RMED FORCES? VE WAR OR DATES)		4-7098	Edwar	d J. Ca	rey, Esq	., 293 Bal	O E. Bal	timo:	re S
CERTIFICATION		IGNIFICANT	CONDITIONS CO	E: GAST	TO DEATH BUT	TINAL	BLEEDIN	INAL DISEASE OR  IG WITH A  200 AUTOPSY:  YES NO	NEMIA 20b. IF IN CER	GIVEN IN PART 11 YES, WERE FINDING CAUSES YES	NGS USEI	TH?
MEDICAL CERT	21a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER NOTIFY N 21d. IN JURY OCC	CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW IN		RED (ENTER NATURE C	A-		NOL	
MEG	WHILE NOT	WHILE WORK		EET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	714	CITY	OR TOWN	COUNTY	5	STATE
	220. I certify that saw the dece above, (1) (we 22b. SIGNATURE	ased alive or		1	9.81 , an	DEGREE	TTENDING _	death accurred on	STAFF		SIGNED	
	DD K		THOMAS.	M D	Vi osi	22e ADDRES	CHURC	H HOSPIT	AL CORI		AN VINE	21
23a E	BURIAL, CREMATIO				23c. NAME OF C		REMATORY	23d LOCATION	1	Baltimore		IATE IATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

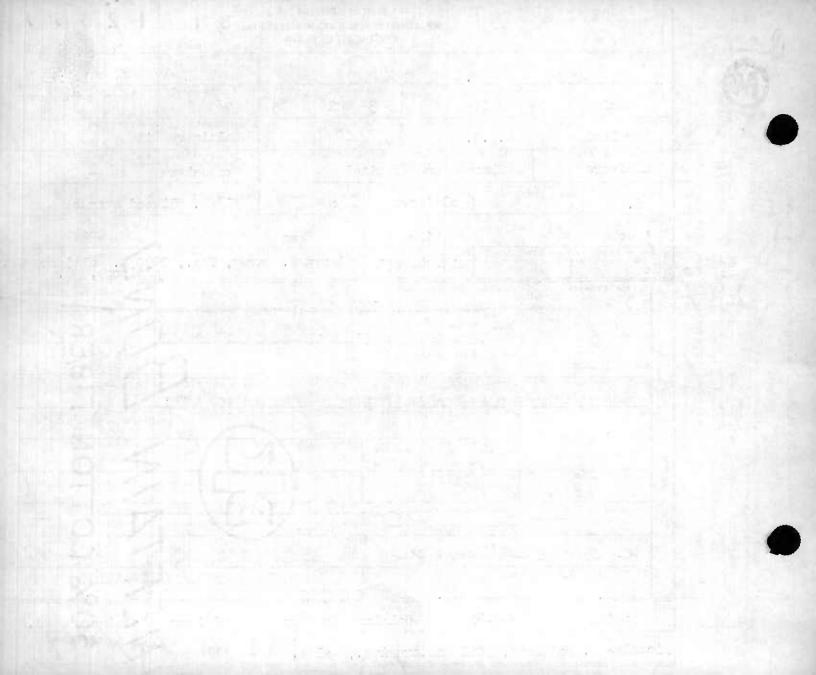
Nicholas T. Matthews, 3021 Eastern Ave., Balto MAY 5 24 FUNERAL DIRECTOR

Oak Lawn Cemetery

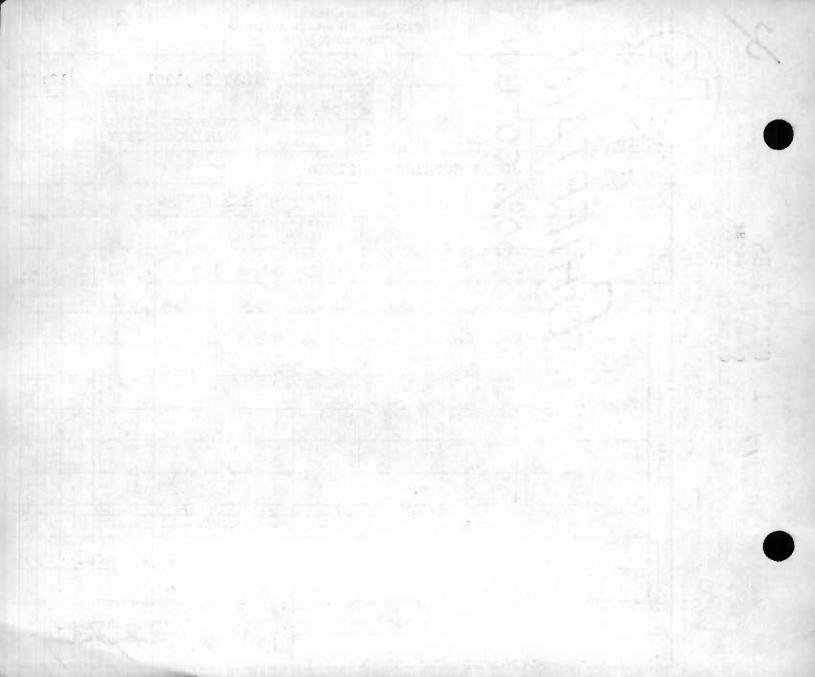
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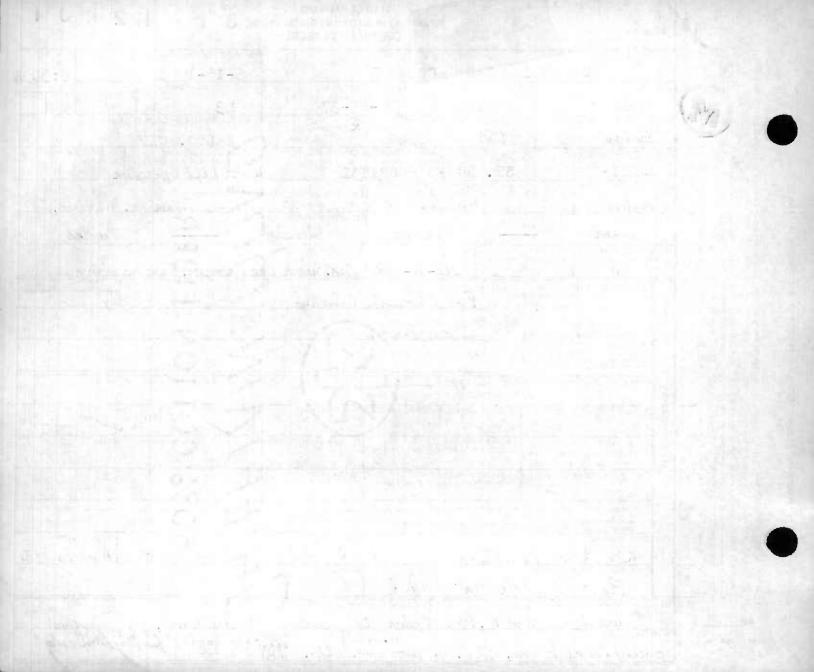
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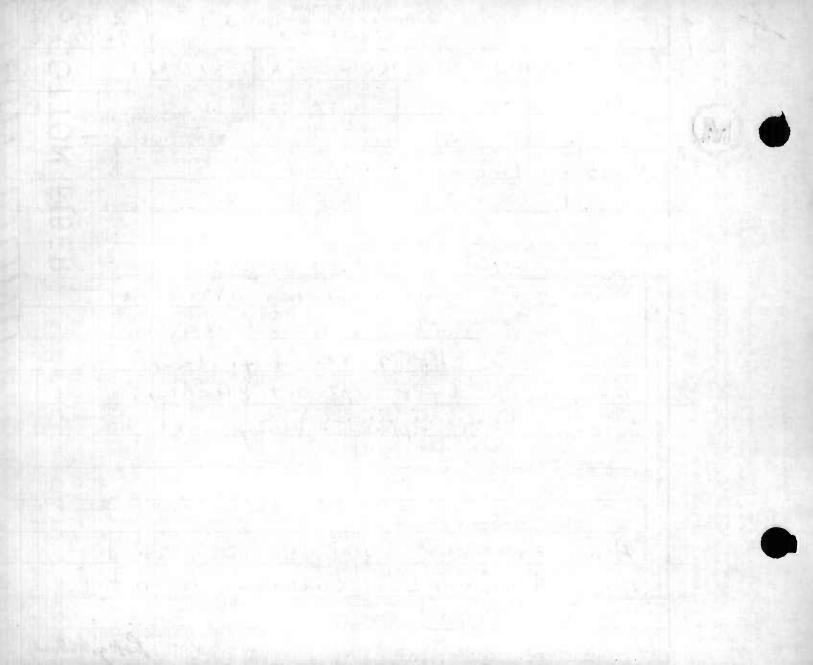
8	1	FOR - STATE REGISTRAR	D	PEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	YGIENE 8 1	124	0 0
0 WE		CEASED NAME FIRST E OR PRINT)  BLANCE	MIDDLE		AWLEY	20. DATE OF DEATH		26 HOUR
noy be poge 3	3. SE		14. RACE	S. DATE C		MAY 28,19	981 THDAY) IF UNDER LYEA	12:47M
Beton I	3. 30	Female	Black	MONTH			MONTHS BATS	
deoth. Popularian 72 hours.		IRTHPLACE (STATE OF FOREIGN COUNTRY) Ohio	76. CITIZEN OF WHAT CO USA	LINTRY2 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
softer of the filed with	3	Baltimore	JOHNS HOP	, NURSING HOME OF KINSTREHOS	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
AND 215	136. Ma	IAL RESIDENCE (IF NURSING HOME OF STATE 136. COUNTY)	NTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS? YES X NO []	138 STREET ADDRESS 231 N. Da	llas Court	
MARYL Sompletely ond 2 sl	14 F	ATHER'S NAME FIRST Unkn.	MIDDLE	EAST	15. MOTHER'S MAIDEN N Unkn .	MIDDLE	L.	AST
LA R		WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	IAL SECURITY NO. -01-18752	17 INFORMANT A Viola Ca	ldwell 907		d Ave.
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MA.  te low requires that the deam certificate be executed in an order of the state of the st	CERTIFICATION	Conditions, if any, which gove rise to immediate couse to, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO  (b) CArro  DUE TO, OR AS A CO  (c) A	onsequence of diage vec onsequence of 155 7 ing to death but and cy to	Renal Face NOT RELATED TO THE TEL De vien		15 Reary T. 15.	INGS USED
DIVISION OF VITA	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPLET OF CAUSE		19 Y	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUR		STATE
HOSPITAL OR ATTENDI nined by the hospitol or FUNERAL DIRECTOR. A bould be detached for use the fore Dept. of Heigh PORTANI: if them 21 is m		22a. I certify that (I) (this hospi sow the deceased alive on above. (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	5/28 on view the body ofter deot	19 <u>81</u> , on	ATTENDING PHYSICIAN 22e ADDRESS	on death occurred on the do	22c. DAT	that (1) (we) lost e couses stated E SIGNED
0 % 0 % % <u>BP</u>	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 6/1/81		metery or Cremator	em. Baltim	ore, Mary]	and
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F Wm	uneral director  C. March F.	H./1101 E.	ADDRESS North	venue 25	ONT BYSHTRAR	The property of the	The same



DIVISION OF VITAL RECORDS,



REGISTRAR  CERTIFICATE OF DEATH  REG. NO. 149049-0  D. DECEASED NAME (TYPE OR PRINT)  TOSHUA  ARACE  S. DATE OF BIRTH ON YEAR ON THE ONLY THAN THAN THE ONLY	6 1	1.	FOR			E OF MARYLAND IEALTH AND MENTAL H	YGIENES 1	2 4 0	2
1. DECEASED NAME FIRST MIDDLE C C C C C C C C C C C C C C C C C C C		1.					1	49049 -	.0
3 SEX  4 RACE  BLACK  2 23 20  6 AGE (IN YEARS LAST BIRTHDAY)  WONTHS			OR PRINT!	. 1	2.0-	AST D D		DAY YEAR 26 H	OUR
BLACK  BLACK  BLACK  BLACK  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  WA.  BLACK	y be	,,,,,	Josi	44H	CXO	MDEK	5/18/8	1 2	·35 the
BLACK  2 23 20 61  YRS  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  VA.  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  11. OF WORK FOR MOST OF WO	o d L	3 SE	× M.	4 RACE			6 AGE (IN YEARS EAST BIRTHDAY)		
VA.  WIDOWED DIVORCED BALTIMORE, CITY ME  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	41/10	_	<i>'''</i> (		-	23 20		RS	1
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IP NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	1 ( WH 1)-2		OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVERMARRIED	BALTIMORE CITY OR COL	INTY OF DEATH	
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	1 1111	10 C		11 NAME OF HOSPI					MD.
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COUNTY  13c CITY OR TOWN  13c CITY LIMITS?  13c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  14c STREET ADDRESS  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE  15c MOTHER'S MAIDEN NAME  FIRST  MIDDLE	to the state of th		Baltimore		ITY, GIVE STREET ADDRESS)	ospital.	(TYPE OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY	INESS OR
MD.  BALTIMORE  YES X NO 1824 W. Lafayette Ave.  14. FATHER'S NAME FIRST  MIDDLE  CROWDER  ETHEL  OWEN  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (IFYES, GIVE WAR OR DATES)  (YES, NO OR UNKNOWN)  (IFYES, GIVE WAR OR DATES)  9/44-7/46  LOHN CROWDER 5011 ELMER AVE.	hou hou d be	13a	AL RESIDENCE (IF NURSING HOME C STATE 136 COU	OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
THE FATHER'S NAME  FIRST  OSCAR  CROWDER  ETHEL  OWEN  16 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  ON THE FATHER'S NAME  FIRST  MIDDLE  LAST  OWEN  15 MOTHER'S MAIDEN NAME  FIRST  MIDDLE  OWEN  17 INFORMANT  ADDRESS  OF A DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS  ON THE FATHER'S NAME  FIRST  OWEN  TO HELL  OWEN	AND 124							ayette Av	e
OSCAR  CROWDER  ETHEL  OWEN  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  OF THE L  OWEN  17 INFORMANT  ADDRESS  OF THE L  OWEN  18 INFORMANT  ADDRESS  OF THE L  OWEN	Wrthi withi	14. F/		MIDDLE	LAST			LAST	
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₹ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	ORE ond o	160 (	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SOCIAL SECURITY NO.				
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18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carelio respiration  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE (a)	, BAI icote hysic pope avol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY	1 1 1 1 1	white -	arreal	BETWEEN ONSET	AND DEATH
IMMEDIATE CAUSE (0) Caretio respiration artest.	L ST.		IMMEDIA	ATE CAUSE (a)	oce of t	spiray any	41111	•	
DUE TO, OR AS A CONSTOUENCE OF Renal feifure	STOP eath rendi		9/8/	-	11 1	- Kene	I Leilin	0	
Canditions, if any, which gave rise to immediate couse (a), stating the DIJETO ORAS A CONSEQUENCE OF	PRE at de de motion ration		gave rise to immediate					CX	040
couse (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF The underlying cause last	by the			DUE TO, OR AS A	H F	remail	Lailano	10/20	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVE ASE OR CONDITION GIVEN IN PART 1(0)	res the		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)	
2 Gamprenl. Not leg & upp or G. 1.	RDS equi	NO.	Gampren	e. Rfle	19 8 Wy	Pp er G.1.	bleeding		
No So	ow r ow r s bee	CA		196 CONDITION	FOR WHICH OPENATIO	N WAS PERFORMED	20a AUTOPSY? 26b. I	F YES, WERE FINDINGS U	SED EATH2
THE CAUGES OF DEATH?	ALR The lian.	FIE	4-30-81	Gond &		67. 6/es	JES NO X	YES NO	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  P.M. 19  217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	AN.: Ohysic ohysic of ficot from 118 s			110110 111		21c HOW INJURY OCC	JRFE (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
276. ACCOUNTED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  276. ACCOUNTED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  276. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	NO NO SICI nog promisel vento	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.					
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22g.t certify that (If (this hospital) attended the deceased from 4/15/19/19/19/19/19/19/19/19/19/19/19/19/19/	0 0 4 9 0 E			- 1 . Or	1 1/	13/ 198	1.10 5/18		
saw the deceased olive on obove, (1) (we) (did) (did set) view the body after death.  228. SignATURE  229. SignATURE  220. DATE SIGNED	ATTE sspite CTO d for af h		above, (I) (we) (did) (did	n et) view the body after	death.		on death occurred an the date one		
226. SIGNATURE DEGREE 226. DATE SIGNED	DA ho		22b. SIGNATURE	1- ~ -	0 ,		MEDICAL STAFF	22c. DATE SIGNI	ED
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN NAME (TYPE OR PRINT)	by # By # IRAIL	1	1) Shoke 1)	19 . 200	· /	PHYSICIAN	DIRECTOR PHYSICIAN	1	
Hysician Director Physician Dire	A per de la per		n char A	G RACI	0 A 1	In It e	Ra. Hre	m'to	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	Should with MP	230	BURIAL CREMATION REMOVA	1 123h DATE	234 NAME OF	EMETERY OF CREWATOR	V 1234 LOCATION	1	
(SPECIFY) RID TAT	11 nU RD	130. (			1				
24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRARIZSD. REGISTRARIZAD. REGISTRARIZAD	1001	24 F	UNERAL DIRECTOR	1 272070					MD.
(VRA 15 (4))  NAME  W. C. MARCH F/H 1101 E NORTH AVE MAY 19 1981 Risky/kalusy		1		/H 1101 F		VE	MAY 1 9 1981	tistay Mabre	ody



Balto., Md.

(VRA 15, 4)

Anatomy Board

Til-detal & tribus fronter, dr. Compn. adl. 212de 

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Charles J. Telloc & San Ame 217 S. Londolfon St. May 2 77:1 Residence

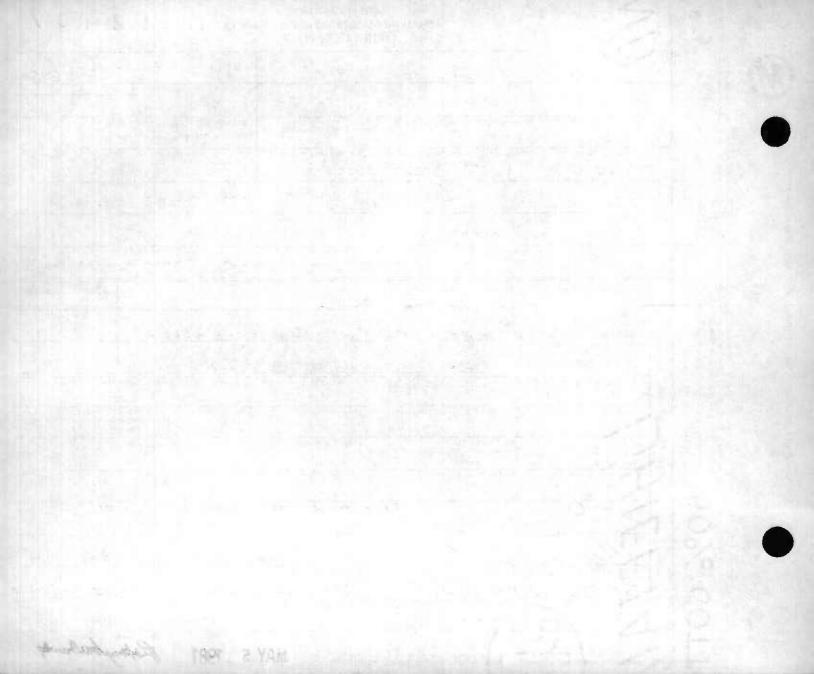
A 2	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8	REG. NO.	1 2	4	0 5
° €	1. DECESED NAME	HAZEL	DONNALLEY	CULI		20. DATE OF	19.	1981	YEAR 2b	HOUR 213 2
oy be	3. SEX		RACE	5 DATE OF		May	1000		ER I YEAR IF	UNDER 24 HRS
Poge 4 moy	FEMAL	5	Caucasian	MONTH	per 17, 192	9 6	0	YRS.		OURS MIN.
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4 hours of led in by the led in by the filed be filed by the forting be not in the least the lea	Baltimore USUAL RESIDENCE (# 130_STATE		HER INSTITUTION, GIVE RESIDENCE BEFOR		3d. INSIDE CITY LIMITS?		SEW/			0
hin 24 should should	14 FATHER'S NAME	HLLE	GANY LaVale		MES NO D		5 14	LLENI	りかてら	BUG
mplete	Edgar	MIC	Prine		MARY		WIDDR		AJE	
Poges 1	160 WAS DEGEASED E	VER IN U.S. ARME (IF YES, GIVE V	ED FORCES? 166, SOCIAL SEC VAR OR DATES) 435-27	URITY NO.	Shirley D	. Glick	9812 Potor	Betteke mac.Md.	r Lan 20854	e
ficate by physician papers. saval. ent, the	18 CAUSE OF D PART I. DEAT	H WAS CAUSED		nd (c).)					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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quires the signed hen plecto burial ilury, ar		SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER/	MINAL DISEASE	OR CONDI	TION GIVEN IN	PART I(a)	
n. nas been permit T ne prior	TIG. ACCIDENT WA	F/8/	196 CONDITION FOR WHICE		WAS PERFORMED  WMON	200 AUTO	PSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED F DEATH?
Clan: The le physician. Thicate has sl-transit per tal Hygiene		S UNDERLYING CAUSE OF DEATH	21b. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NAT	TURE OF INJURY	IN ITEM 18, PART I O	R PART 2)	
physicial physic	21d. INJURY OC	OT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET		CITY OR TOWN	N CC	DUNTY	STATE
NDING I or a' R: Afte use as dealth is mark	22a.1 certify the		l) attended the deceased fram	3/	26 19 81	, to	179	190	, the	at (I) (we) last
R ATTER hospito IRECTO ned for spt. of h	saw the de abave, (1) (v 22b_SIONATUR		view/the body after death.		I that in (my) (aur) apiniar	death accurre	d'an the dat		tram the car	GNED/
the the District of the Distri	5, C,	Sun	mons	11:1	) ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		5/1:	9/81
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:	22d. PHYSICIAN	SNAME (TYPE OR I	SIMMON	5	22e ADDRESS	Hosa	),			
sho sho	23a. BURIAL, CREMATI (SPECIFY)	ION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATORY	23d. LOCA	OR TOWN	. cou	NTY	STATE
BP	Burial				1 Mem. Park	Fall	s Chu	rch	Vir	ginia
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTO	ROBERT	A. PUMPHREY DORES		HOMES P/1250. DA	IN 1 19	B1	on P. BISTRAR'S	SIGNATUR	only

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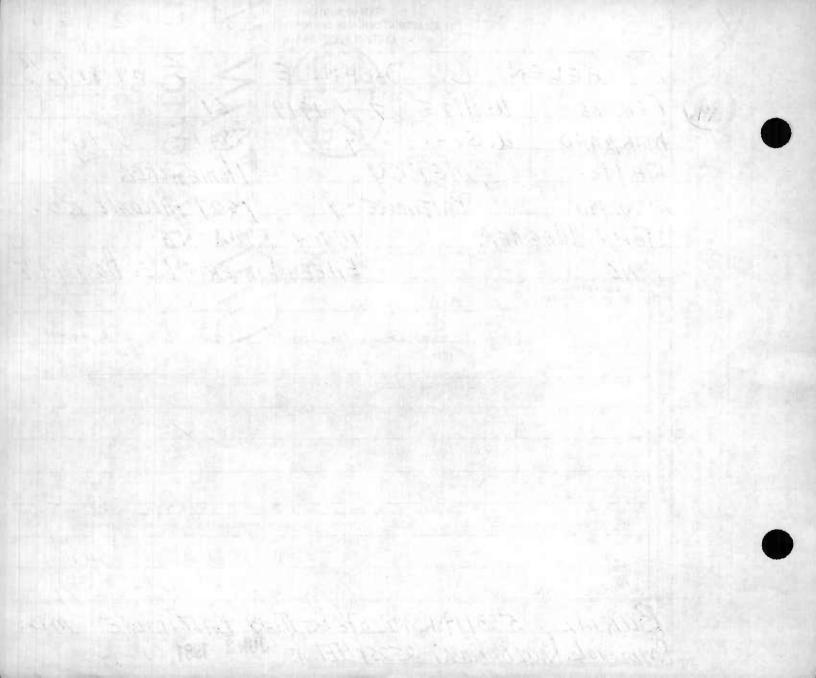
1.	FOR - STATE REGISTRAR	DEPA		ICATE OF DEATH	0 1	2 4 0 6
	E OR BRINT)	MIDDLE	O.	LAST	20. DATE OF DEATH MONTH D	20 1100K
3 SE						IF UNDER 1 YEAR   IF UNDER 24 HRS
3.02					~ M	ONTHS DATS HOURS MIN.
70 B			2Y2 A		BALTIMORE CITY OF COUNTY	OF DEATH
70.0	COUNTRY		MARRIE			T.V.
10 C		11. NAME OF HOSPITAL, NUE	SING HOME		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
				TAL	Housewife	
13a S	STATE 13b. COU	INTY 13c. CITY OR T	OWN			21223
	ATHER'S NAME		io I C	15. MOTHER'S MAIDEN	INAME	
			15037			D and and
16a. \	WAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRESSWood1	Parker 21707
(	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 219-01	-0498	Phillip L		
	18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b)	ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	is -1.	unustr a	nest.	
	11119 MEDIA		OUT VET OF	1 0		
	Conditions if any which	DUE TO, OR AS A CONSE	e lail	ani - llt	the - enchanical.	
	gove rise to immediate	(b) <u>Carren</u>	0	,,,,,	distación	10
	underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF	cuiu en	my orly during	
,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
٥	Orabeles 1	nelle fus	Hyp	Merlin		
TIFICA	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20K. IF YES,  YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
l H	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)
		Alm				
ğ	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		COUNTY STATE
ž	WHILE NOT WHILE	(AT HOME STREET FACTORY OFF	CE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
		utal) attended the slaces of fire	m #	8/8/ 10	7//6/81 /	9
1		n1	8:30 PM	nd that in (my) (our) ani	nion death accurred on the date and hour	
	obove, (I) (we) (did) (did n	ot) view the body/after death.	, 0		on the date and floor	
	ZZB. SIGNATURE	00			IG MEDICAL STAFF	22c. DATE SIGNED
1	C	one		PHYSICIA	N DIRECTOR PHYSICIAN	14/16/8/
			-	22. ADDRESS	ST. AGRES HAS	PIAZ
	BURIAL, CREMATION, REMOVA	L 236. DATE 2	3c. NAME OF C	EMETERY OR CREMATO	DRY 23d. LOCATION	
		F 100 10=			CITY OR TOWN	COUNTY STATE
	(SPECIFY) Burial			Park Cemete		Mary land
			Loudon Md.		ery Baltimore	Mary State Mary State Mary Signature
	1. DE (1YP) 3. SE 70. B 10 C 13a Ma 14. F,	REGISTRAR  1. DECEASED NAME FR (1YPE OB PRINT)  3. SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MISSISSIPPI  10. CITY OR TOWN OF DEATH  BALTIMORF  SUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COUMARY)  MARYLAND  14. FATHER'S NAME FIRST  Preston  160. WAS DECEASED EVER IN U.S. A (YES, NO.08 UNKNOWN) (IF YES, GO PART 1, DEATH WAS CAUS OF DEATH WAS CAUS OF DEATH WAS CAUS (YES, NO.08 UNKNOWN) (IF YES, GO PART 2, OTHER SIGNIFICANT OR CONTRIBUTING COUSE 1051.  PART 2. OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DEATH WAS CAUS OF DEATH W	REGISTRAR  1. DECEASED NAME FIR MIDDLE  DELPHINE  3. SEX  Female  7a. BIRTHPLACE (STATE ORFOREIGN COUNTRY).  Mississippi  U.S.A.  6. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVES TO SUCH F	REGISTRAR  I. DECEASED NAME FIR MIDDLE  DELPHINE  3. SEX  Female  70. BIRTHPLACE (STATE ORFORDERING COUNTY)  Mississippi  U.S.A. WIDOW  Mississippi  U.S.A. WIDOW  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. COUNTY  Maryland  14. FATHER'S NAME FIRST  Preston  Causey  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH LEnter only one couse per line for (o.), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF COUSE (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR COUNTIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING TO DEATH BUT OR COUNTIBUTION CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR ALWORK  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITIONS CONTRIBUTING TO DEATH BUT OR COUNTIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR ALWORK  190. DATE OF OPERATION  190. CONDITIONS CONTRIBUTING TO DEATH BUT OR COUNTIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR ALWORK  210. PLACE OF INJURY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  210. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE, FARM, ETC.)	DECEASED NAME   FIRE   MIDDLE   LAST	DECEASED NAME    DECEASED NAME   FIRE   MODIL   LAST   TO DEATH   MODIL   TO DEATH   TO DEATH

TATTEROU 22 ADALT2 EDUCATION A comment and IM fills and annual into the restorial

7	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		G. NO.	2 4 0	7
e 4		ECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEA		DAY YEAR 2b	HOUR
deot		Berth	a	F.	Cu	rry		5	1 81	6:15
e e	3. SI		4 RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)		UNDER 24
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ouce.	70 E	SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Va.	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMOREC Balt	imore		
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au Comina	14 F	ATHER'S NAME William	MIDDLE Faur	ntleroy		15. MOTHER'S MAIDEN NA Martha	ME	DIE Ba	LAST	
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priar to buriol, cre s any injury, or othe	CERTIFICATION	PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION	(c)	ONTRIBUTING TO D	RCTN DEATH BUT	NOT RELATED TO THE TERM		20b IF YE	VEN IN PART 1(0) ES, WERE FINDINGS IFYING CAUSES OF I	USED
Se S	R						YES NO	Y	ES N	10 🗆
d or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAN 21d INJURY OCCURRED	FDEATH HOUR A.	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY OFFICE FA	19	21f. HOW INJURY OCCUR 21f. LOCATION STREET		F INJURY IN ITEM 18	PART I OR PART 2)	STAT
21 is marke		while NOT while 220.1 certify that (1) this h	ospital) attended th	ne deceased from	FEBR	WARY 12, 19.81 d that in (my) (our) opinion				(I)(we)
detached tote Dept. NT: If them		22h. SIGNATURE	Tale	Much			MEDICAL DIRECTOR   PI	STAFF HYSICIAN []	MAY 4,	-
with the Stot		GEORGE	TALER	M.D.		600 LIGHT			IMOKE, MD	.21-
10		BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 5/7/			Bapt Ch	23d LOCATION CITY OF TO Kiln	arnoc}	va.	STATI
- 16 50M 1/81 RA 15, 4)	24 F	Wm C March		101 E. N		250 DAI	E REC'D. BY REGIS	RAR 25b. REGIS	TRAR'S SIGNATURE	00

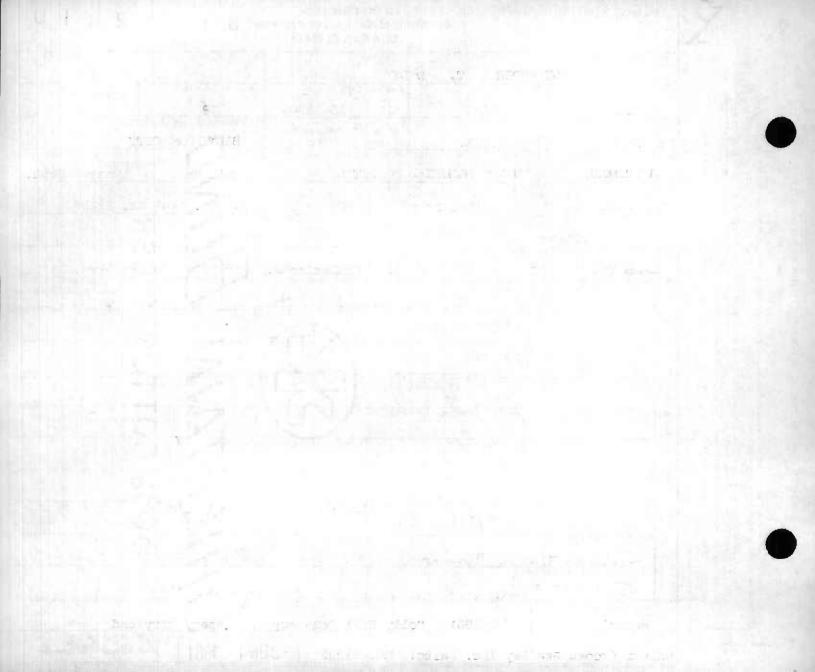


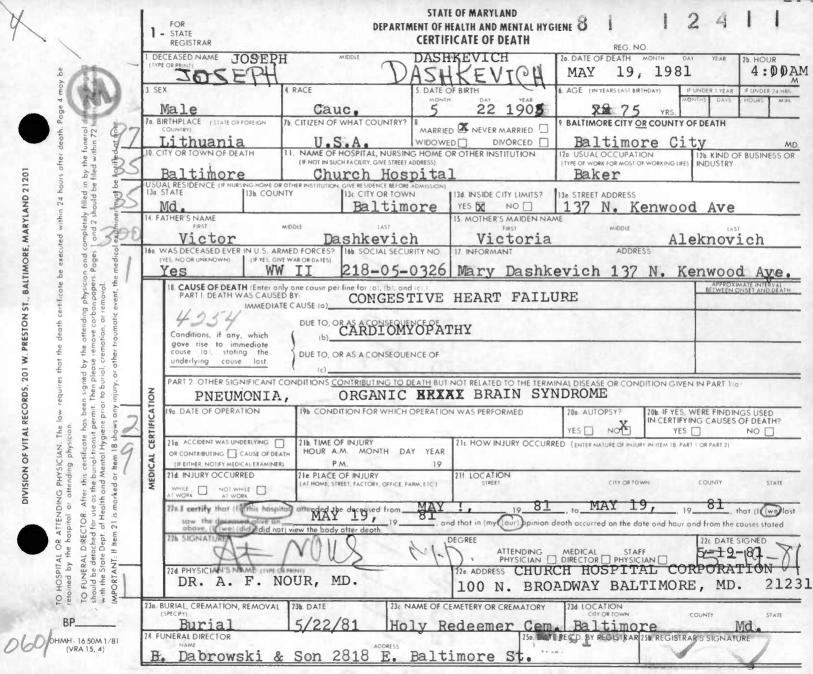
6	1.	FOR STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL HYGIE IFICATE OF DEATH	REG. NO.	2 4 0 8
ge 4 moy be redoi page 3 or inter death	3. SE	EMALE	LI C. DAGE WHITE S. DATE	CHILLE OF BIRTH	20 DATE OF DEATH MONTH  5 2  AGE (INVERS LAST BIRTHDAY)  VRS.	DAY YEAR 26 HOUR 6 7 8 1 2 5 M
after death. P		ARYLAND	U.S. HI WIDOV	MED NEVER MARRIED WED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY 170 USUAL OCCUPATION (170) OF WORK FOR MOST OF WORKING LIII	MD. AF BUSINESS OR
mpletely lined in poor	130 5	L RESIDENCE (IF NURSING HOUSE) OF OTHER TATE  THER'S NAME  FIRST  MIDDIN	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BAITIMERE	13d. INSIDE CITY LIMITS? 1 YES NOTHER'S MAIDEN NAME FIRST	36.STREET ADDRESS	ALE RD.
be execution and co		AS DECEASED EVER IN U.S. ARMED	OR DATES)	17 INFORMANT FILEEN FIL	WAS'NA ANERTY 6830	Bastan AUE  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
that the death cer I by the attending sigs remaye carbo al, cremation, or re rother traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUSE (0) RESPIRATOR  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  DITIONS CONTRIBUTING TO DEATH BU	arest  Asian of	Unknown Chillegy	2 month;
in. I	CERTIFICATION		196. CONDITION FOR WHICH OPERATI		20a AUTOPSY? ZOb. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
HYSICIAN: adring phys adring phys bis certifico burial-trai I Mental Hy or Item 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED 2	P.M. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 TIE PLACE OF INJURY	K	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)  COUNTY STATE
TTENDING I	W	22a.1 certify that (I) (this hospital) at some the deceased alive an above, (I) (we) (did) (did not) view	5/27 10 21	ond that in (my) (our) apinion de	. to 5/25, oth occurred an the date and hou	19_21 that (I) (we) lost
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detoched with the State Dept.		22d. PHYSICIAN'S NAME (TYPE OR PRINT)		ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5/27/8-1
BP	1	SURIAL 3		CEMETERY OR REMATORY	123d LOCATION DALTIMON	RE MD.
DHMH - 16 50M 1/81 (VRA 15, 4)	Ra	MERAL DIRECTOR L. RACZI	DROWSK 1 2525	FLEET ST 2500 DE	TEGET REGISTRAN VSb. REGIST	BAR'S SIGNATURE

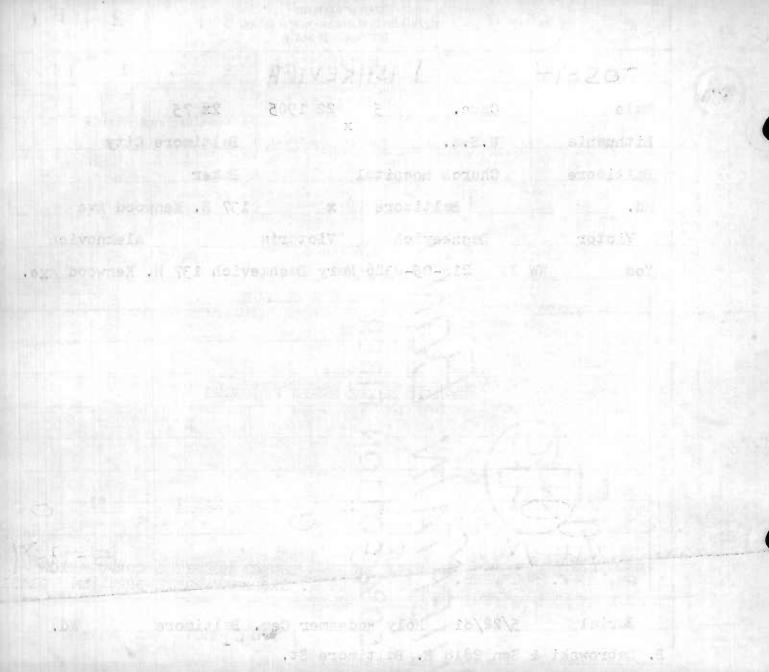


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1 3	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG		1 4	6.7	
oth 3		CEASED NAME FIRST	EXANDER	T. DA		AST	REG. NO 2a. DATE OF DEATH	MONTH DAY	YEAR 81	26 HOUR
pood r	3. SEX		4 RACE	L. Di	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 F
Poge 4 may be director, page 3 nours after death		Male	Whi	ite	12		75	YRS.	IMS DAYS	HOURS N
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)  V York		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	_	DEATH	
s ofter d		TY OR TOWN OF DEATH BALTIMORE	J IF NOT IN SU	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET MEMORIAL	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Mailman	ON OF WORKING LIFE)	INDUSTRY	F BUSINESS
filled in I	13a. S	AL RESIDENCE (IF NURSING HOLITATE 136 C	E OR OTHER INSTITUTION	13c. CITY OR TOW Baltimor	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3231 St. P			
mpletely ond 2 sh	14. FA	THER'S NAME FIRST Unkno	MIDDLE	LAST		35. MOTHER'S MAIDEN NA/			LAS	
Poges 1		AS DECEASED EVER IN U.S		16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS		
Pogn e	(		WII	187/05/0	261	Catherine F.	Daly 2916	Liberty	Pkwy	. 212
ot the death ce by the ottending se remove corb cremation, or recomplication, or company or corb		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse loss	(b)_ DUE TO, C	DR AS A CONSEQUE	holic	centosi				
requires that the	CATION	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	PL CO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, W	ERE FINDIN	IGS USED
on.  has been signed by the formit. Then please reremement to buriol, cremows any injury, or other	TIFICATION	gove rise to immediot couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, C	PL CO	ENCE OF	17.5			ERE FINDING CAUSES	IGS USED
AN: The low requires that the hysicion. Ficore has been signed by the transit permit. Then please rer Hygiene prior to buriol, crem 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING COURRED	DUE TO, C  CC  IPB. CONDITIONS C  IPB. CONDITIONS AND ADDRESS C  IPB. CONDITIONS C  IPB.	PL CO	DEATH BUT OPERATIO  AY YEAR 198	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [	ERE FINDING CAUSES	NGS USED OF DEATH?
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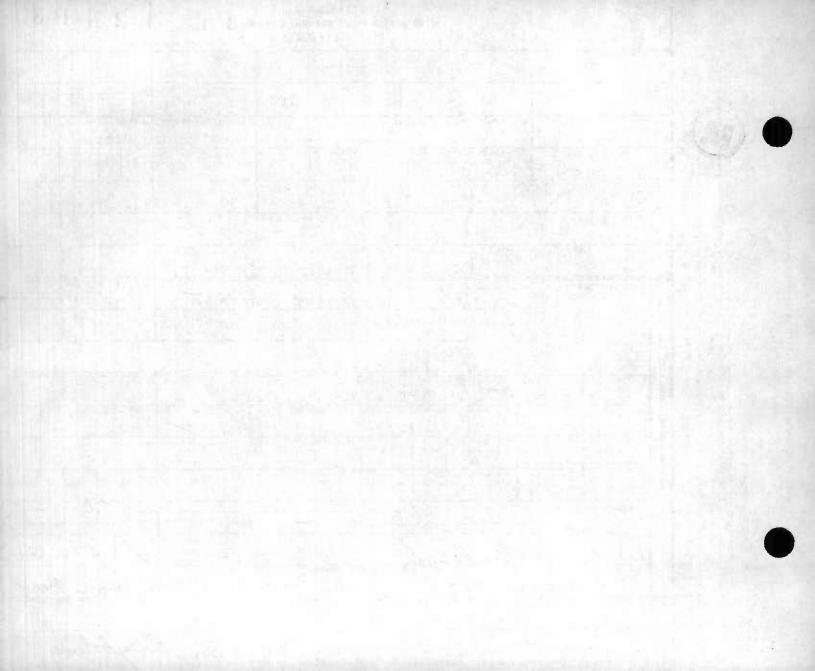






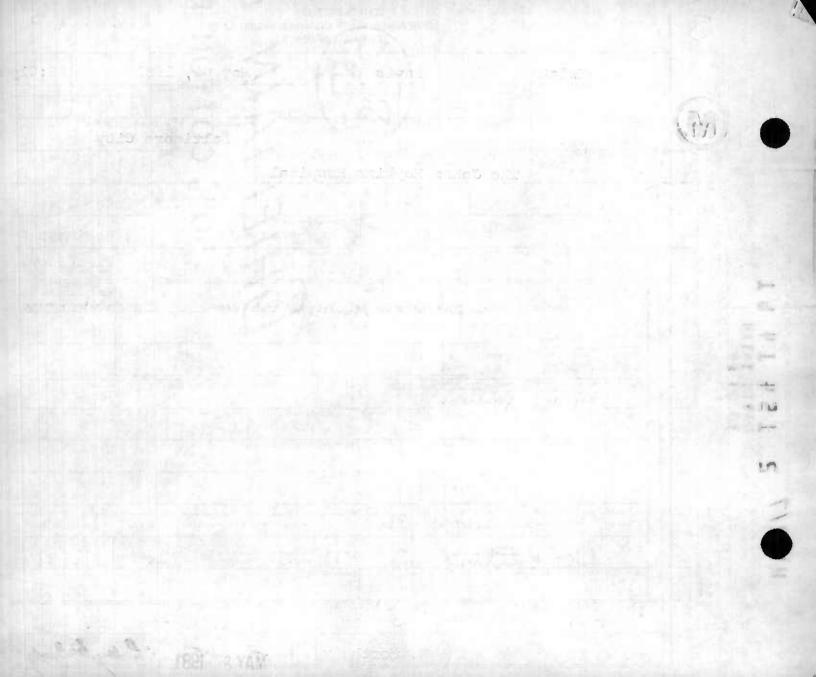
5	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE REGISTRAR CERTIFICATE OF DEATH	ENE 8     2 4   2
		PE OR PRINT)	28. DATE OF DEATH MONTH DAY YEAR 26. HOUR
y be		LUANA H. DAVID	5 25 8 8 8
Poge 4 moy	3. SE	F. Black MONTH DAY YEAR 25 12	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth, P		COUNTRY) HD. U. S. A MARRIED DIVORCED DIVORCED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH  MD.
Softer of the state of the stat	V	SOUTH BAUT PORCE GENERAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12b. KIND OF BUSINESS OR INDUSTRY
AND 213	13a.	MID:	NURSING WAS: 140 W WAY
red within 24 and 2 should be completely tills and 2 should be comined many to the complete many to the co		NIAS HAMMET RESENTA	MIDDLE Johnson
Do ond co. S. Pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-16-6054 BETTY NEW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., quires that the death certifi signed by the attending pl hen please remove corbans to burial, cremation, ar rem njury, ar other traumatic eve	NO	1989	BLADDER  MALDISEASE OR CONDITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir r attending physician. After this certificate been sign os the buriol-transit permit. Then th and Memtal Hygiene prior to b arked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED INTESTINAL OBSTRUCTURA	20d. AUTOPSY2  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO
ION OF VITAL HYSICIAN: The ading physicio nis certificate h buriol-fronsit I Mental Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 19 P.M. 19	D (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
NG PHYSON of the this of the bull ond Myhond	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
R ATTENDII hospital or RECTOR: A ned for use of spt. of Heali rem 21 is mos		saw the deceased olive on 05/25/19 19 , and that in (my) (aur) apinion de obove, (1) (we) (did) (did nat) view the body after death.	to OSIZS No., 19 that (I) (we) lost eath occurred an the dote and have and from the causes stated
the the letoch of ED of ET. If H		226. SIGNATURE DEGREE PD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 222. DATE SIGNED  \$\frac{122}{5/25/81}
O HOSPIT ebined by TO FUNER. Should be Site with the Site		22d. PHYSICIAN'S NAMED RECORPRINT)  J. E. OFFICE NO. 22e ADDRESS 3000 Sovieting Soviet	TH HOWER ST BALTO MO
40 BP		TSURIAL STANDARD STAN	23d LOCATION COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	EXECUN-Thompson F. H. 1913 W. Ballo J. JUN	1 1981 Riffry Kalberty

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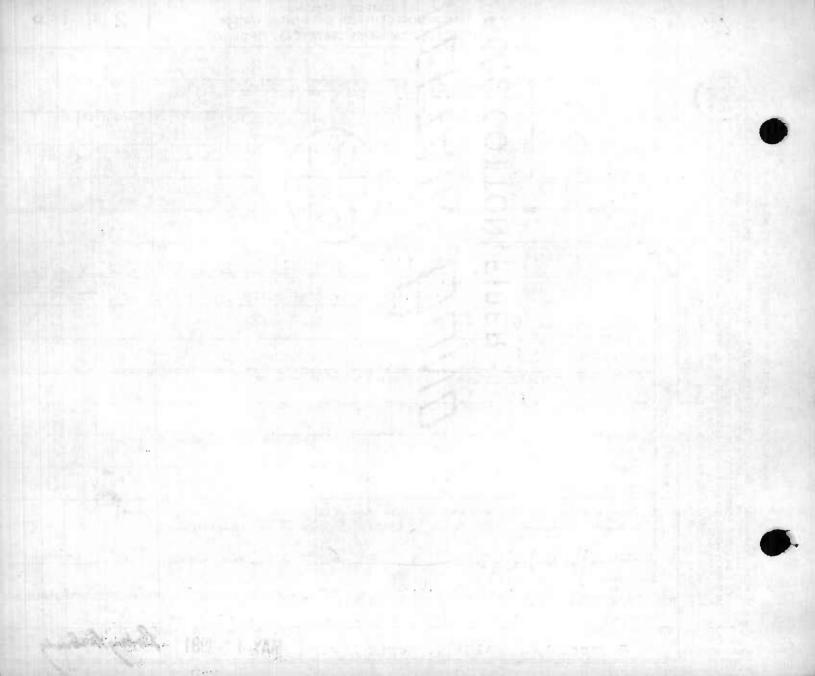


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		ECEASED NAME FIRST		MIDDLE	1.4	12.		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
y be		Geo	rge <sup>Lo</sup>	ve	D	avis		05- 05-81		12:48r
Poge 4 moy	3. St	Male	Neg	ro	S. DATE O	F BIRTH	0°2	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	MONTHS DAYS	IF UNDER 24 HRS
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AND 21:	130.	STATE MD 13b. CO	OR OTHER INSTITUTION	Baltimo	ore	13d INSIDE CI YES 🔯	ITY LIMITS?	13e STREET ADDRESS 201 N. Broa	dway	
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a be executed by the section and control or sers. Pages 1.		WAS DECEASED EVER IN U.S., I YES NOOR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	241-24		A Hel		ompson 203 Be		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours attending physician and completely filled in that certificate has been signed by the attending physician and completely filled in that the buriol-transif permit. Then please remove corbon papers. Pages I and 2 should be fill that and Mental Hygene prior to buriol, cremation, or removal.  In and Alental B shows any injury, or other traumatic event, the medical examine finust bein orked or them 18 shows any injury, or other traumatic event, the medical examine finust bein	NOI	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDIAL Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	DUE TO, OR    (b)   DUE TO, OR    (c)	R AS A CONSEQUE Chn R AS A CONSEQUE Metai	INCE OF testional	Carrenon		estable lyanghame inal disease or condition Gi	2 / n	MATE INTERVAL SINSET AND DEATH Somewhat Mayo
TAI RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION	WAS PERFOR	RMED	IN CERTI	S, WERE FINDIN FYING CAUSES	OF DEATH?
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by the hos A Beat OR A Boy the hos BERAL DIRECTOR Stote Dept.		anthon	Eles		D	P41/ P		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE 5	187
TO HOSPITAL etained by the TO FUNERAL should be det with the State		ANTHONY	ELIAS				ins h	lorkins Hospi	TAL	
60 YBP	1	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23h DATE 5/9/8			metery or c	emete		COUNTY	~ MD
DHMH - 16 50M 1/B1 (VRA 15, 4)		UNERAL DIRECTOR NAME  Wm. C. March	F/H 1	101 E.	Nort	h Ave.	55.5	REC'D, BY REGISTRAR 25b. REC.	Ayla	hung

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	DECEASED N.		FIRST		MIDDLE		D 41	LAST	П.	2	OF	CHOWN ESTI-			YEAR O. 1	26 HOUR
3	SEX	4. RACE	MOSES	. DATE OF BII	RIH	6. AGE (INY		VIS DER 1 YR.	IF UNDER	24 HPS 2	DEATH C. DATE	MAIED (	□ 5 MONTH	2 DAY	19 81	24 HOUR
	male	near			DAY YEAR	LAST BIRTH			HOURS		RONOUN	CED	5	2	19 81	24 ±38
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S 13		CE (IF IN NURSIN	G HOME OR C	OTHER INSTITUTIO	N. GIVE RESIDEN	CE BEFORE ADMISS TY OR TOWN		13d. INSIDE (	ITY LIMITS?	13e. STREE			ey A	L AVA		
- 14	FATHER'S NA			MIDDLE				15. MOTHE	ER'S MAIDE				Cy F			
20	Albe	rt		MIDULE	Davi	S		Ha	ttie		MI	P	hill		LAST	
1 16	MAS DECEA	ASED EVER IN	U.S. ARME		16b. S	OCIAL SECURI	IY NO.	17. INFORA	THAN			ADDRES			11	
' L	Yes, NO, OR UN		WWI.		23	8-14-3	240	Arb	elie	Dav	is	1666	Dar	ley	Ave	е.
	gave cause lying	itians, if any rise to im (a) stating the cause last.	mediate e <u>under</u>	(c)		DINSEQUENCE		E OR CONDITIO	N GIVEN IN PA	RT 1 (a),						
	2				1	2										
2	190 DATE	OF OPERATION	N	196 CO	NDITION FO	R WHICH OPE	ration w	'AS PERFOR	MED?					U 22	AUTOPSY'	, NO [X]
3		RNAL CAUSE ING OR UTING CAI		HOUR	E OF INJURY A.M. MONT P.M.	H DAY YEA		OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJ	JRY IN ITEM 11	B PART 1 OR P			
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BALTIMORE, MARYLAND, 21201 PRIOR 10 BURIAL,	deoth re	ertify that I to		of the remains	s described of Acciden		Autap vicide	sy , Hamic			Inquiry mined ma		ind in my o			
TIMORE, N	EXAMINE (TYPE OR	R'S NAME	Ann	M. DI	xon, M	.D.	M	.D. ASS	istar 111	nt MEDIC Penr		INER	DATE		5-2-8	31
₹ & 23	a. BURIAL, CRE					NAME OF CE	METERY C		ORY	23d. LOC CITY OF	ATION		COL	UNTY	5'	TATE
2	Buria		5	5/8/81		It. Au	burn	Cem	75. DATE:	Ba.	ltim	ore,		cic ·	THE	
(1)	NAME	Marc]	h F/I	i jo	PRESS 101 E	. Nort	h At	,,	MA	REC'D. BY R	1981	230. KE	O IKAK'S	/ CO	Bread	
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Dundalk, MD. 21222

FOR - STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

Wise Avenue

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

HOUR5

2:40 PM

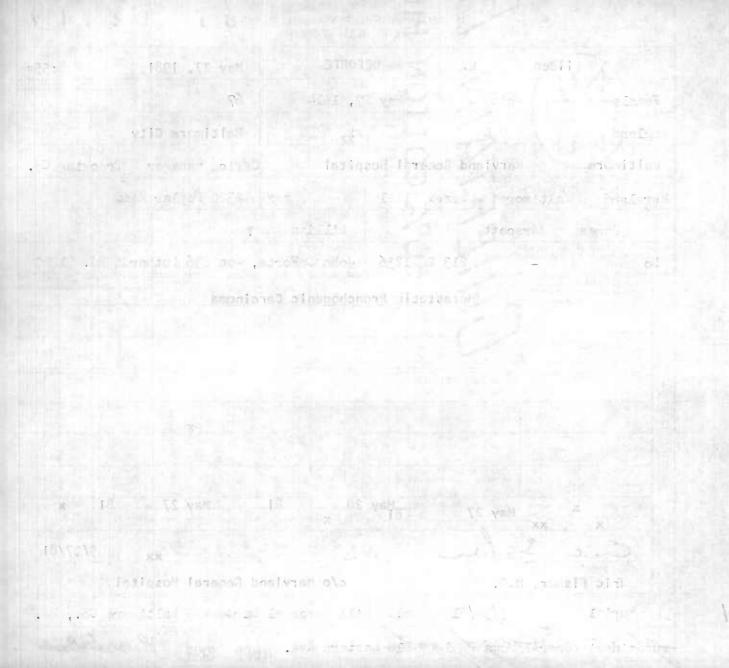
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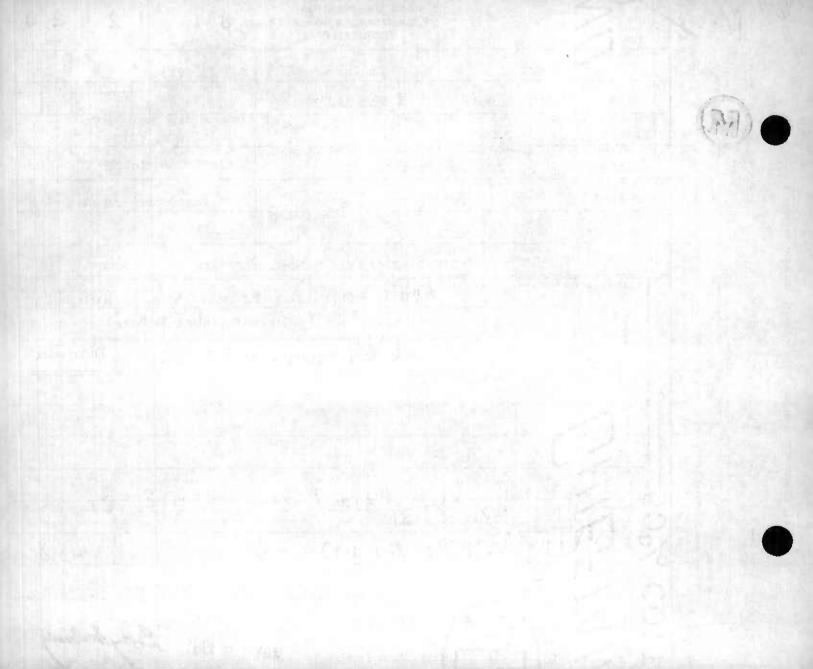
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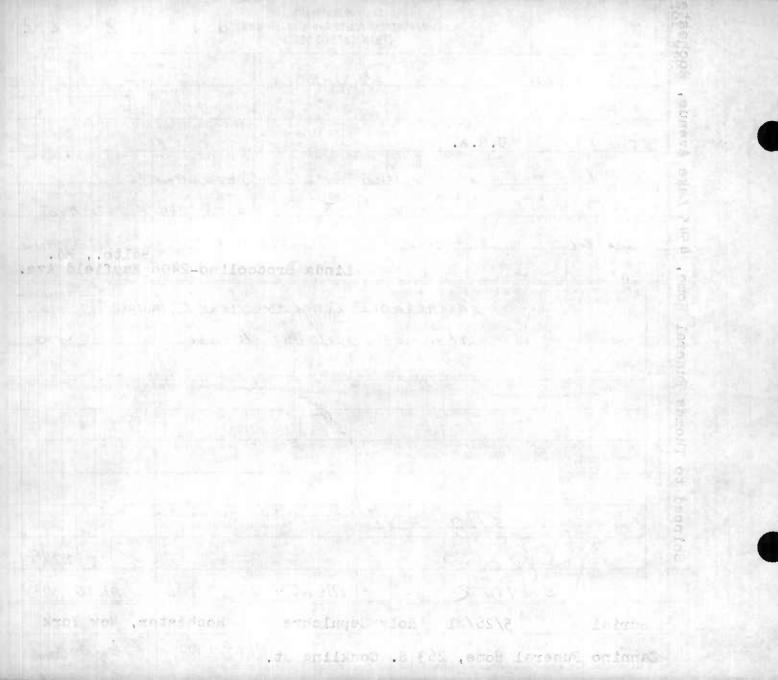
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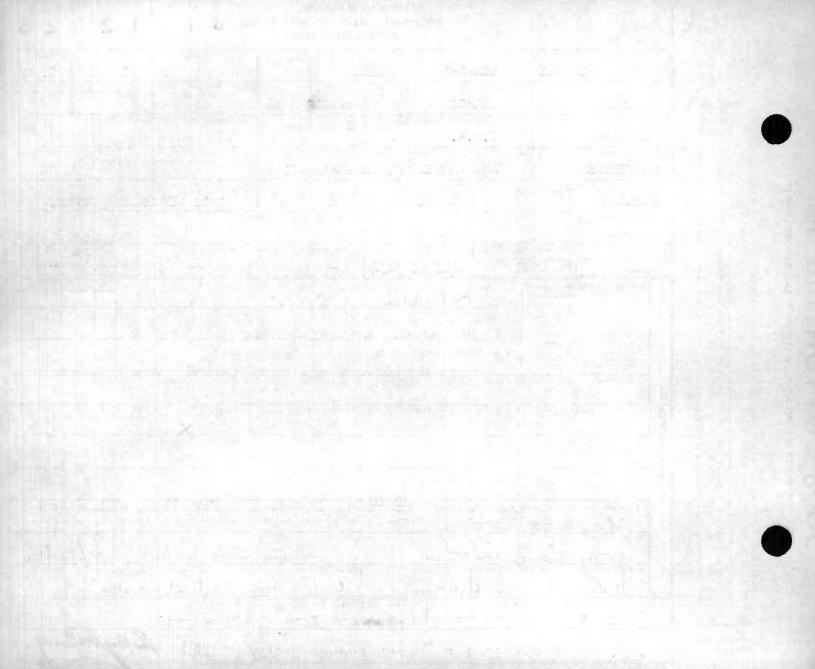


1	6	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
. 04	0	T DECEASED NAME FIR		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOU
de of the			bert A	Deklau	May 8, 1981
	1	3. SEX Male	4 RACE White	5. DATE OF BIRTH  June 18, DAY 1899	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER AND HOURS
(M)	97	70. BIRTHPLACE (STATE OR FOREIG COUNTRY) Estonia	76 CITIZEN OF WHAT COUNTY $U.S.A$ .	RY? 8 MARRIED W NEVER MARRIED  WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore, City
s offer a by the fled with	00	Baltimore	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST 2829 East NO	RSING HOME OR OTHER INSTITUTION REET ADDRESS) rthern Pkwy	120 USUAL OCCUPATION 125 KIND OF BUSINI
filled in hould be in	35	Maryland 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 131. CITY OR T Baltim	ore YES NO NO	13e STREET ADDRESS 2829 East Northern Pkwy
mpletely and 2 s	00	14 FATHER'S NAME FIRST  Arnold	MIDDLE LAST <b>Deklau</b>	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST UNKNOWN
e execut n and co Pages 1	1	16a WAS DECEASED EVER IN U {YES, NO OR UNKNOWN} {IF !	OF CHIEFFIELD OR OLITER	ECURITY NO. 17 INFORMANT 2-8943 Mrs Valentin	ADDRESS ne Deklau Same
that the death I by the attend sose remave car ol, cremation, o		Conditions, if any, whi gove rise to immedia couse 101, stating tunderlying couse to	he DUE TO, OR AS A CONSE	OUENCE aronuma	of the colon months
quires t signed then ple to burio		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1:0
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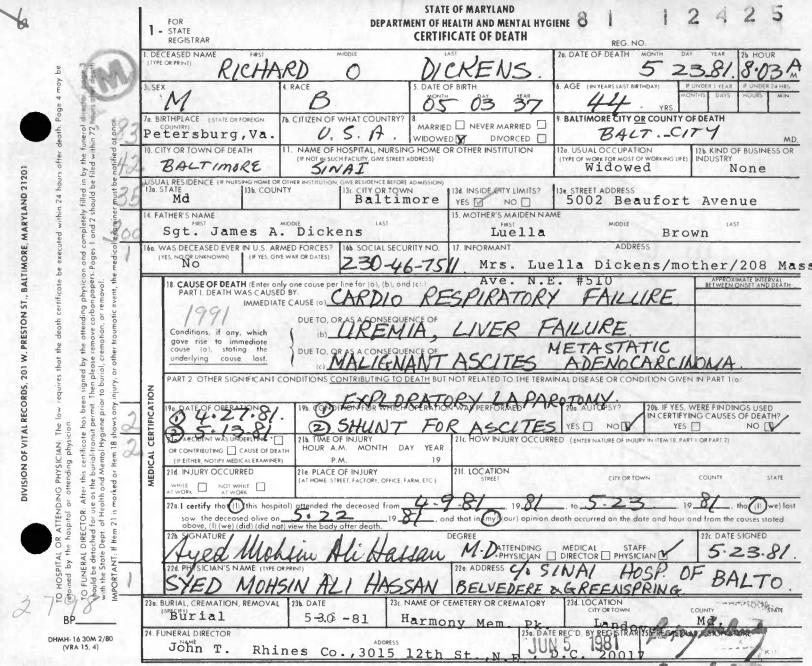


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		230.	BURIAL, CREMATION, REMOVAL	23h DATE 5/26/81		epulchre	23d LOCATION	ter, Ne	W Vord	STATE
231	ВР	24 1	Burial UNERAL DIRECTOR	3/20/01	I HOLY S	•	E REC'D. BY REGISTRAR 2			
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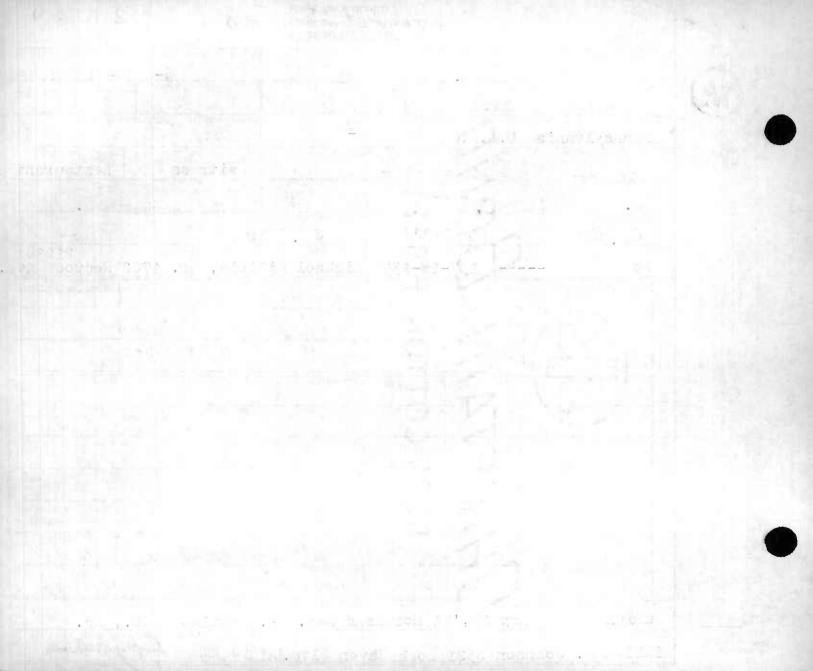


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4	1.	FOR STATE	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH		12427
8	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE #	LAST	REG. NO	O. MONTH DAY / YEAR   76 HOUR
	(JYP)	How	bed E	DIGGS	Tu. Dille of Dentill	5 /23 81 2: 20 Am
	3. SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		male	black	11:17 03	177	YRS.
35	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	-	R COUNTY OF DEATH  A Baltinere MD
38		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR
S S	13a. :	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Tangland Bal	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 136. IN SIDE CITY LIMITS?	13e STREET ADDRESS	bodyear St.
() Coming		THER'S NAME FIRST Elijah	MIDDLE CAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
medicol		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI		URITY NO. 17. INFORMANT	re 1539	9 Woodyear St
injury, or ather troumatic	NC	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  Metals	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or con(	DITION GIVEN IN PART 1(0)
shows only	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
2	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 71f. LOCATION	URRED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART 2)
	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		CITY OR TO	WN COUNTY STATE
Nem 21 is morked		270.1 certify that (1) (this hosp saw the deceased olive ar abave, (1) (we) (did) (did no 27b. SIGNATURE	oital) attended the deceosed from 19 of) view the body ofter death.		on death occurred an the do	, 19 , that (1) (we) last one ond hour and fram the couses stoted
+		R.W	lower ma	M h ATTENDING		
MPOKIAN		22d. PHYSICIAN'S NAME ITYPE		270 ADDRESS University	of Maryla	ner Hospital
		BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY SLUX
80	24. F	JNERAL DIRECTOR	100101	25e. C	111000100	25b. HARRISTONES AND ATTORY
	1/4	NAME .	ADDRESS	INIF North Area	MAI 2 / 1201	/ //

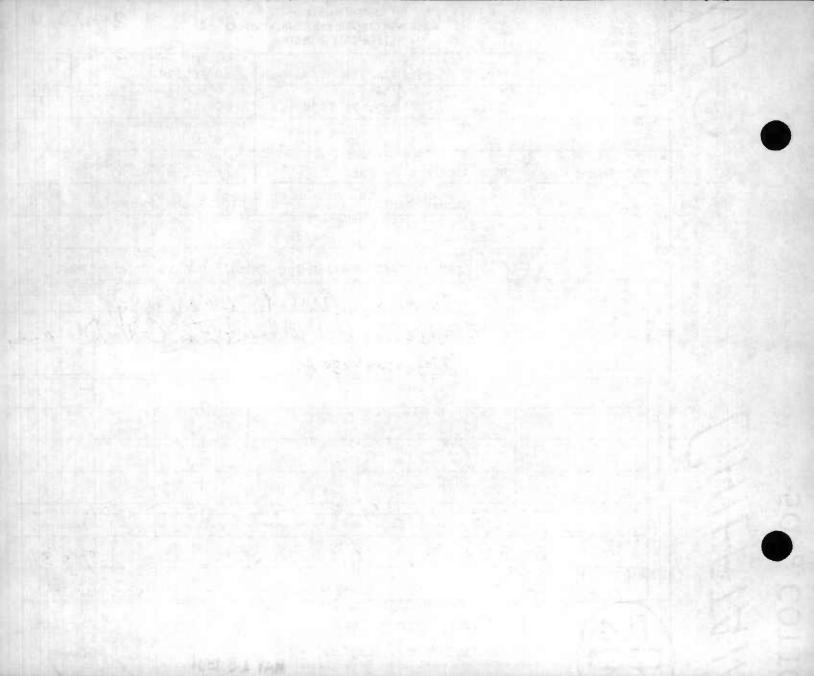
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		CEASED NAME	FIRST		WIGGE	L	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
38 AFT)		ONTRINT	Victor	]	Paul Di	Rienz	nzo May 28, 1981					10:15P <sub>M</sub>
	1 SE	Male	4 RA	Wh	ite		5. DATE OF BIRTH  5 12 1924		6. AGE (IN YEARS LAST BE	RIHDAY) IF	UNDER I YEAR	DER I YEAR IF UNDER 24 HRS
Mark	В	RTHPLACE (STATE OR FOR COUNTRY) Penna.		76 CITIZEN OF WHAT COUNTRY? USA		MARRIED X NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY O		FDEATH	DEATH	
1/8		CITY OR TOWN OF DEATH  Baltimore		11. NAME OF HOSPITAL, NURSING HOME O NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Ho			or other institution ospital		17a USUAL OCCUPAT (TYPE OF WORK FOR MOST Manf. Re	ION OF WORKING LIFE)	176 KIND OF BUSINESS OR	
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1) 20		THER'S NAME	MIDDLE		LAST			MAIDEN NAM			LAS	ST
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medical	(		U.S. ARMED F		166 SOCIAL SECU	RITY NO.	17 INFORMAL		ADDR			imonium
the m		Yes	WW II		179-16-	2974	Mrs.	Marie	F. DiRier	nzo, I		
motion, or remove		18 CAUSE OF DEATH PART I, DEATH WAS  Conditions, if ony, v gove rise to imme- couse los, stoting	S CAUSED BY.  MMEDIATE CAI  which diote	USE (0) <u>C</u> DUE TO, O (b) <u>S</u>	ardiopul RASA CONSEQUE <b>epsis</b>	MONAI NCE OF	y Arre	st			BETWEEN	imate interval Onset and death
burial, crem ry, ar ather		couse (6), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c) Urinary Tract Infection  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
ows any inju	CERTIFICATION	Hemangiob			The Hea		N WAS PERFOR	RMED	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYI YES		NGS USED 5 OF DEATH? NO
or Item 18 sh	-	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	HOUR A	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		AT HOME, STR	OF INJURY REET, FACTORY OFFICE FA		211. LOCATIO STREET		CITY OR TO		COUNTY	STATE
of Healt		22a I certify that if (the saw the deceased	plive on 1	ttended the	8, 19		ary 26,		to May 28	. 17	81 and from the	that (ii (we) lost couses stated
State Dept.		M76 SIGNATURE	Sar	rey			P	TTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c DATE	SIGNED
with the State		Joseph	Ganey.	V	•		22e ADDRESS	Maryl	and Genera	1 Hospi	tal	
3	B	SURIAL, CREMATION, RE	6	) / 1 / 8	l Du	laney	Valle	y Cem.				yland
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	1. 0	REGISTRAR ECEASED NAME _	FIRST	MIDDLE	CERTI	FICATE OF DEATH	REG. NO.  20 DATE OF DEATH MONTH DAY YEAR 176 HOUR					
oth		PE OR PRINT)	nes	WILLI	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR 5 16 81							
M	3. 9	MALE	4 RA	NEGRO	S. DATE		6. AGE (IN YEARS LAST BIRTHE	141				
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Portfed		PAITIMOR		NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V UNEMPLA	N 126. KIND OF BUSINESS OR				
120	130	JAL RESIDENCE (IF NUR STATE MARYLAND	ING HOME OR OTHER	13c CITY	PENCE BEFORE ADMISSION Y OR TOWN LTIMORE	13d, INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS	600 N. FULTON AVENUE				
36	1	DAVID	MIDDLE	DIX	ON LAST	IS. MOTHER'S MAIDEN NA FIRST  MARY	MIDDLE MIDDLE	MONTAGUE				
Foges medico	160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR		36 HA20	MRS. MAI	ADDRES RIE ROBINSON	1600 N. FULTON AVE				
nen pream emane to burnal, cremation njury, ar other train	NO	Canditions, if any gave rise to important to import to i	nediate ig the last	DUE TO, OR AS A CO	efeli c	THE SENT OF THE TERM	Journal Disease OR CONDI	TION GIVEN IN PART 1(a)				
shows ony ii	CERTIFICATION	19a DATE OF OPERA				ON WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				
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puo		220.1 certify that U	(this haspital) a	5//6	108/	nd that in (my) (www) opinion	death accurred on the date	e and haur and from the causes stated				
be detached for use as the b State Dept. of Health and A ANT: If hem 21 is marked or		saw the deceas above, (1) (we) (1 22b. SIGNATURE	did) (did not) view	Out	Leer az	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	- 5/16/81				
with the State Dept. of Health and A	730	above, (1) (we) (	AME (TYPE OR PRINT	Out	ER NO	ATTENDING		- 5/16/8/				

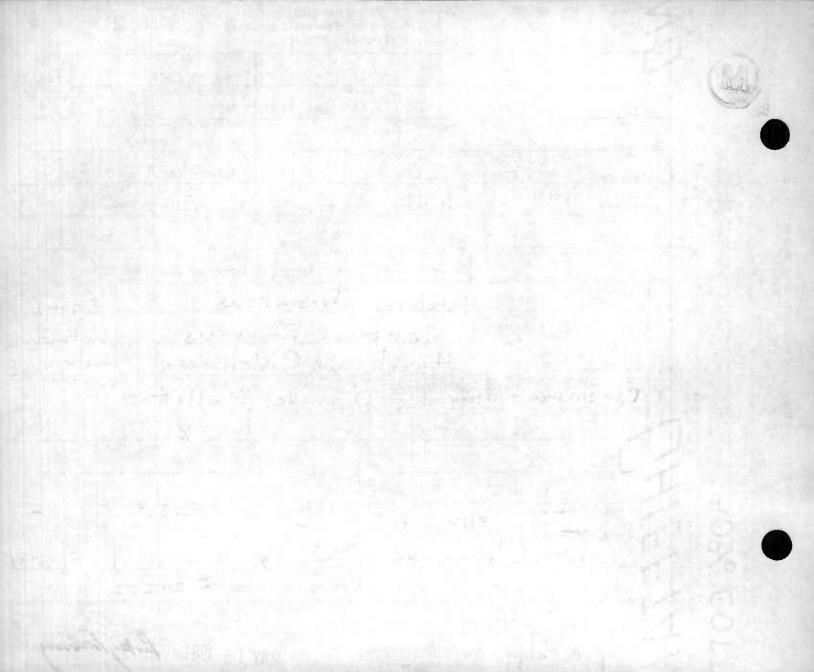
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1-	FOR STATE REGISTRAR	8a-22a F		DICAL EXA	OF HEALT	H AND M	ENTAL HYGI	EATH	1 2 EG. NO.	4 3	3	
	PE OR PRINT)	John		E	D	ixon,	Jr	20. DATE KNOV OF EST DEATH MATE	VN _ MONT	7 19 81	26 HOUR	
99990	nale	white	Jan. 3,	1947 34	BIRTHDAY) YRS.	HS DAYS	FUNDER 24 HR	PRONOUNCED DE AD	MONTH 5	8 <sub>19</sub> 81	2d. HOUR 4:05A	
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MD. 21201	aryland	IF IN NURSING HOME OF	OTHER INSTITUTION, GI	130 CITY OR TO		13d. INSIDE CI	13e. S	STREET ADDRESS 31 Rivers	ide Ave	e.Balto.A	kl.	
DEATH. GES 1, 2 AND 2, 3 AND 2, 4 AND 3, 4 AND 3	ATHER'S NAME		MIDDLE	Dixon, S		f	r's maiden na Irst Inna	Me Marie	e	Jenkins		
S AFTER GIVE PAGES I	YES, NO, ON UNKNOV			218-42-		Mr. J		ixon, Sn. Sa	ine as	above		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA RITING THE WORD "PENDING" IN PENCIL IN 17EM 18, GIVE PAGES 1, 2, AND 3 TO ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE IS EDARIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, OI PRIOR TO BURIAL. CREMATION, OR REMOVAL.	Conditions gave rise couse (o) s lying cous	s, it ony, which to immediate stating the under-	CAUSE (o)	AS A CONSEQUE	NCE OF					BETWEEN ONSI		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

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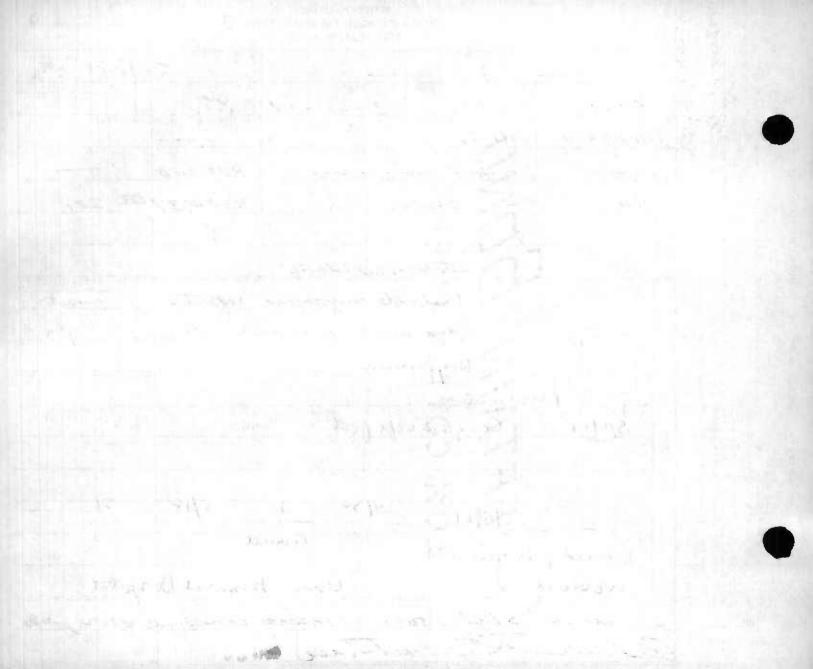
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(VRA 15, 4)

REGISTRAR DECEASED NAME

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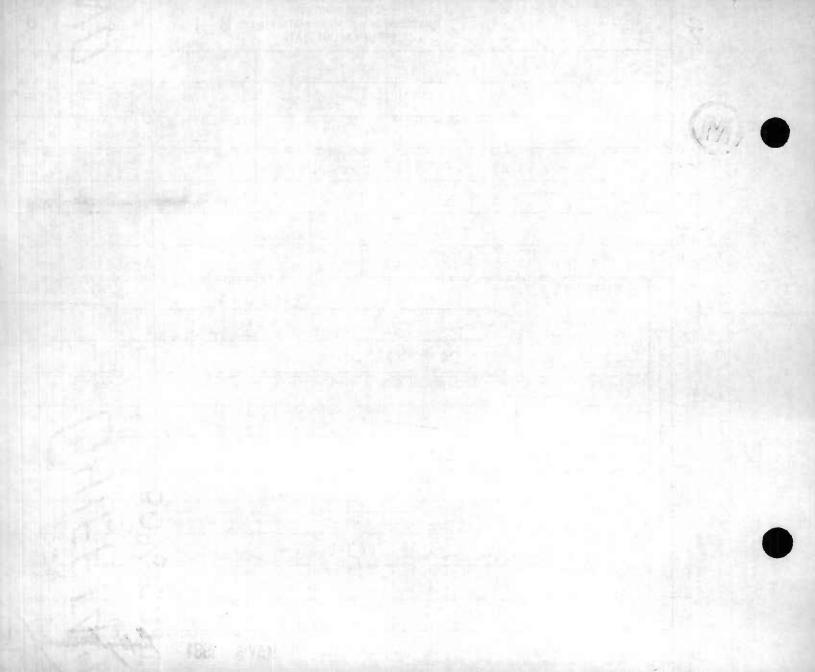
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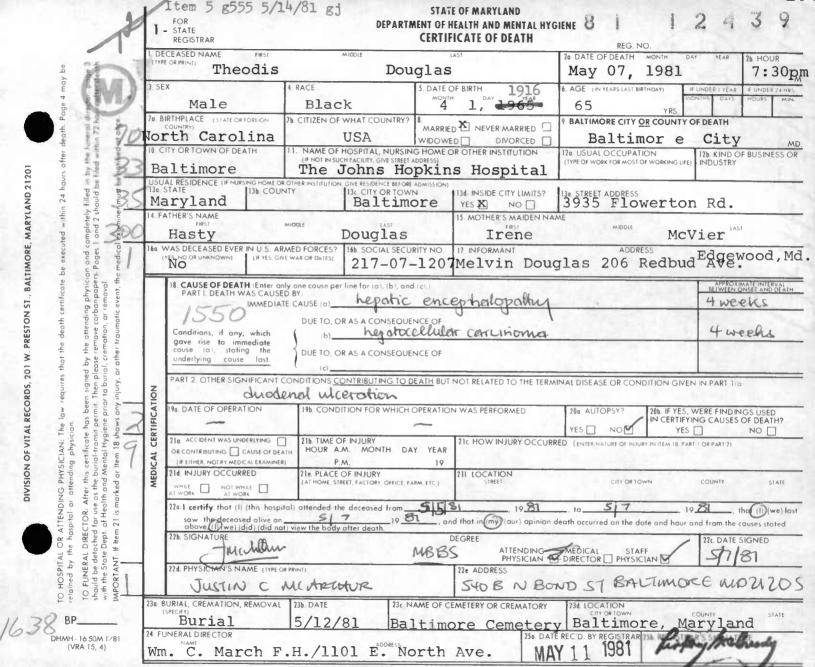
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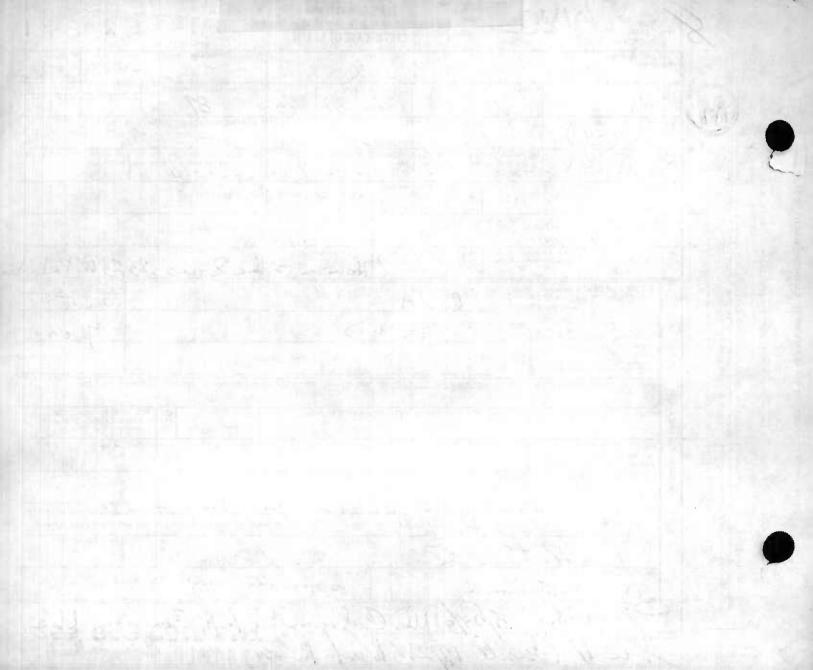
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	SEX M	4 RACE S. DATE OF BIRTH	4 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A
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77	CONTRY) KNOWN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto City
10	City or town of Death	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  HE NOT IN SUCH FACILITY GIVE STREET ADDRESS)  HOUSE IN The Prines - Belvedu	120 USUAL OCCUPATION TO KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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3	FATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN	NAME MODIE LAST
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2	(YES, NO OF UNKNOWN) (IF YES,	ARMED FORCES? THE WAR OR DATES)  192 10 53 79  House	Le & DORESS - 2525 W. Bel
E event	18 CAUSE OF DEATH (Enter	only one couse per line for 101, (b), and 101,1	APPROXIMATE INTERV.  BETWEEN ONSET AND DE
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4	214. INJURY OCCURRED  WHILE NOT WHILE D AT WORK	21R PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21F LOCATION STREET	CITY OR TOWN COUNTY STAT
2	22a I certify that (I) (this has sow the deceased plive	spital) attended the deceased from 19 7 and that in (my) (aur) aging	on death occurred on the date and hour and from the causes state
	obove, (I) (we) (did) (did	not) view the body ofter death.  DEGREE	22c. DATE SIGNED
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1	BURIAL CREMITION REMOV	236. DATE 236 NAME OF CEMETERY OR CREMATOR	23d. LOCATION COUNTY STATE
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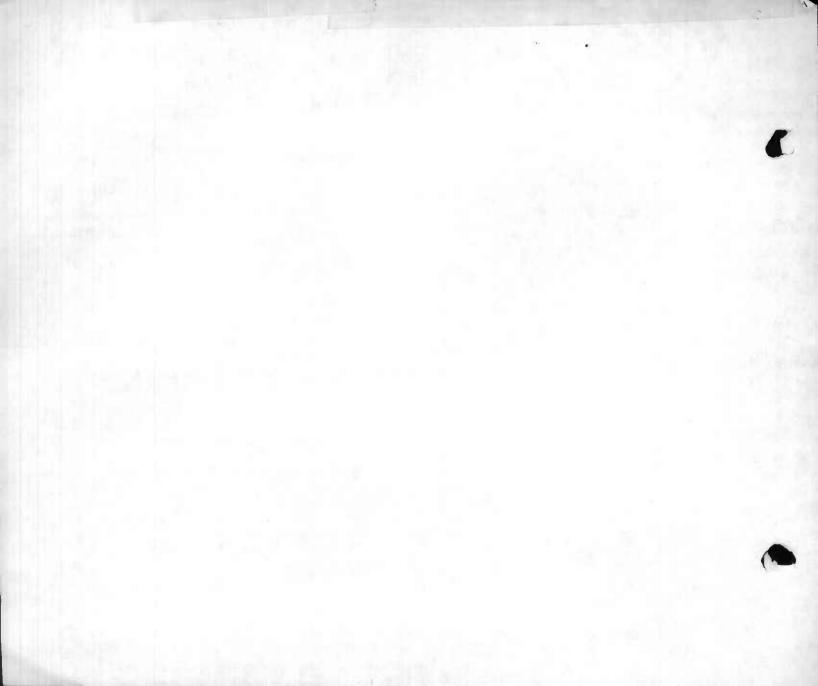


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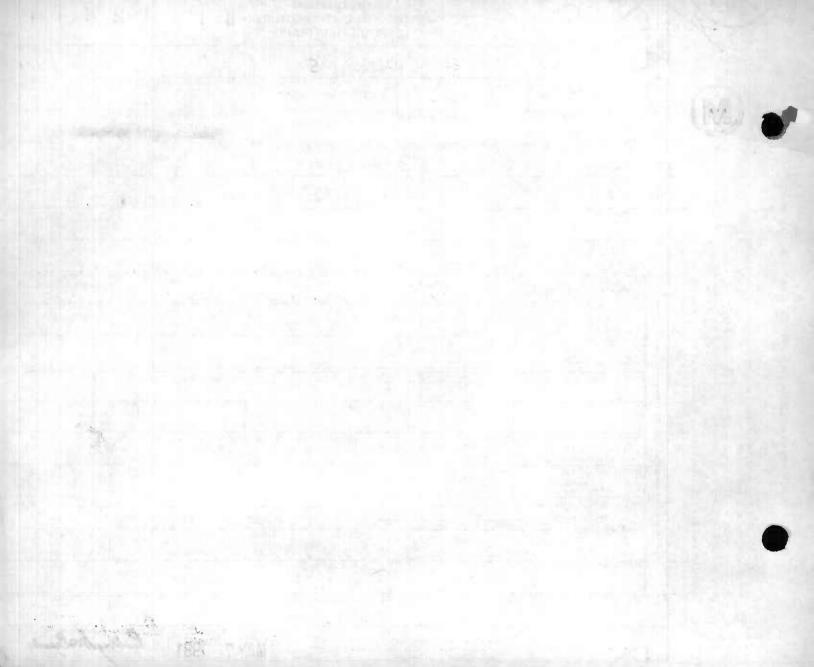
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OR PRINT) J SEX AGE (IN YEARS LAST BIRTHDAY) KONTH 37 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED X Baltimore City MARYLAND USA DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION SUCH FACILITY, GIVE STREET ADDRESS)

N. Stockton St. (TYPE OF WORK FOR MOST OF WORKING LIFE) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS BALTIMORE 13d INSIDE CITY LIMITS? MARYLAND 1130 N. STOCKTON ST YES 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE HARRY DUPPINS TSABELLA ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-22-5185 LORRAINE C. DUPPINS 1130N\_STOCKTON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for on, the and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20h, IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYS JAN'S NAME (TYPE OR PRINT) 22e. ADDRESS DLAOAM 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE CITY OR TOWN COUNTY 5/8/81 BURIAL MD. KING MEM. PARK BALTO CO 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 60M 1/75 1101 E. NORTH AVE. W.C. MARCH F/H (VR A 15 (4))



Balto., Md.

(VRA 15, 4)

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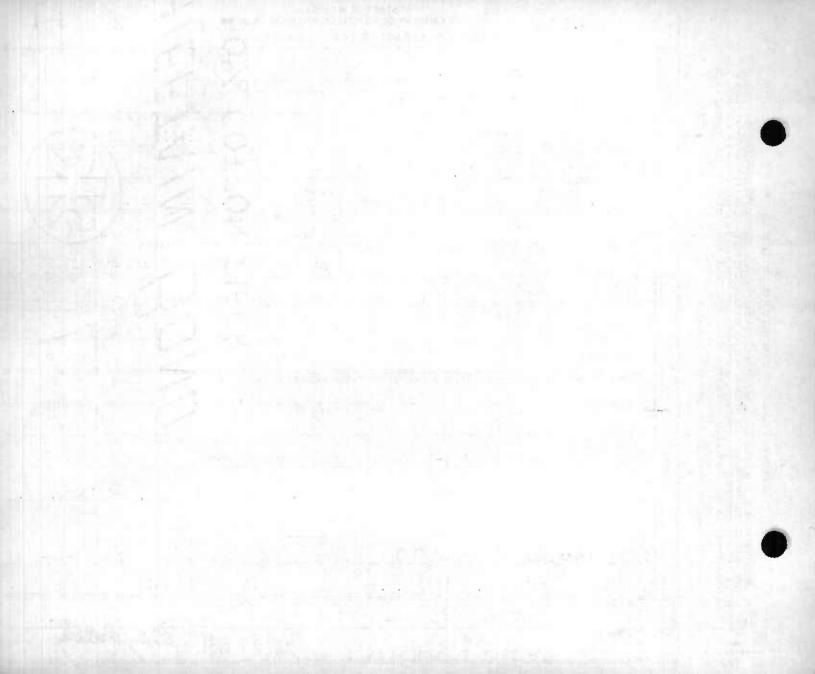
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8	10. СП	Baltim		(IF NOT IN SU Mar	yland Ge	reet address! neral	Hosp	ital		R MOST OF W	ORKING LIFE)	(TYPE OF WC		OR INDUS	
	USUA 130. ST		IF IN NURSING YOME O	OR OTHER INSTITUTION		EFORE ADMISSIO OR TOWN	N)	13d. INSIDE C	ITY LIMITS? 130. ST		RESS TEM	MER		CUK	RD
	14. FA	THER'S NAME FIRST	NETH	MIDDLE	STER	AST		F	ER'S MAIDEN NAM		MIDDLE HOL	~ >		LAST	
7	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		AL SECURITY	NO.	17. INFORA	TAAM		ADDR				
	(YE	S, NO, OR UNKNOW	WN) (IF YES, GIVE	WAR OR DATES)	215	-66-3	193	P	ARENTS		As	3000	E		
1		18. CAUSE OF	F DEATH (Enter or	nly one cause pe	r line far (a), (b),	and (c).)							P	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
J	5	PARTIDE.	ATH WAS CAUSE	D BY: TE CAUSE (a)_	Multip	ole inj	urie	S							LI AITO DEATH
		801	1	1	, OR AS A CONS	SEQUENCE O	F								
1, CREWAITON, OR REMOVAL.	1	gave ris	s, if any, which e to immediate	(b)_									991		
		lying cau	stating the <u>under</u> se last.	DUE TO	, OR AS A CONS	SEQUENCE O	F								
		PART 2 DINER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO (	FATN RUT NOT BELATI	EN TO THE TERMIN	224 2210 TA	OR CONDITIO	N CIVEN IN PART 1 (a)				4		
	NO					LO TO THE TERMI	AL OISENSE	OK COMOTITO	N OTTER IN TAKE I (U).						V
1	CERTIFICATION	190. DATE OF	OPERATION	19b. CC	NDITION FOR W	HICH OPERA	TION WA	AS PERFOR	MED?	2011	000		20	0. AUTOPS	(?
	TIFIC			- 36			E.							YES X	NO 🗌
,	CER	210 EXTERNA	CAUSE WAS	HOUR	A.M. MONTH	DAY YEAR	21c HO		OCCURRED (ENTE	R NATURE OF	INJURY IN ITEA	M 18 PART 1 (	OR PART 2)	Ta the	
	MEDICAL	CONTRIBUTION 214. INJURY O	NG CAUSE OF		QAM 5/8	1,7	Str		y train		771	PAG			
	MED		NOT WHILE [	STREE	i factory, farm, etc ilroad	(AT HOME,			600BlkW.	CITY OR I	NAMO	Dal	COUNTY	200	MD STATE
		AT WORK X	AAT WORK	- Ra	TITOAU 1	tunnet			OOODTKM.	MOT. CII	Ave,	Dal	CTIIIO	ie,	LID
			y that I taak char	ge of the remain			Autopsy		Inspection,	Inquir		and in m	ту артпа	n	
4	and the same of th	death resulte	d from: North	causes	, Accident	LXIX Suit	ide 🔲,	Hamio		etermined r	nonner _				
		ACTUAL SIGNATURE_	JK.	Dh	and				SPECIFY)	DICAL EXA	MAINITO	D/	ATE GNED	5/8/8	1
5			1				M.L		WE	DICALEXA	WINEK	51	GNED		
4		EXAMINER'S I	NAME HO	rmez R.	Guard,	M.D.	A	DDRESS 1	11Penn S	treet	Balt	0. M	D 21	201	
1	23a. BU	IRIAL, CREMAT		23b. DATE;	23c. N.	AME OF CEN				LOCATION			COUNTY		STATE
	24 E1	INERAL DIREC	KIAL	3/11/	81 54	CRED	ITE	PRT	25a. DATE REC'D. I	~	LID.	EGISTRAI		D.	
	-	NAME	ONNE	=1, C AD	DRESS 300	mi	ACE	_	MAN.	1 0 10	10.	LOSIKA		ALC.	ody
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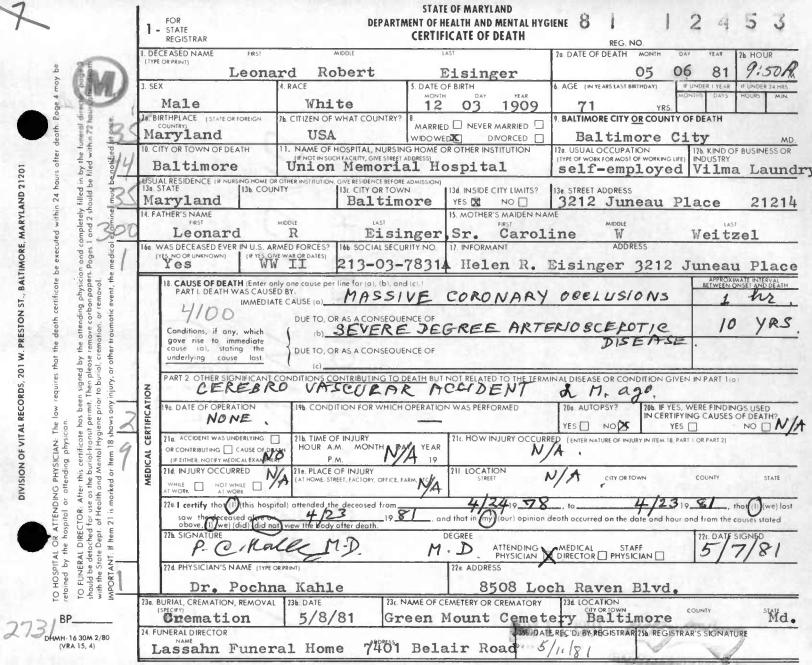
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1	1.	FOR UNK.#81-3		STATE OF STA			451
OASE LES. S. S	(17	PECEASED NAME PIRST  YPE OR PRINT)  Com	fort	C. E	goh	PATE KNOWNXX MON OF ESTI- DEATH MATED	16 19 81 M
SARY, PLEASE ALDIRECTOR. YOU'R FILES. HINTO HOURS		emale Black Birthplace (STATE OR	5. DATE OF BIRTH MONTH DAY 7 31	1100.	THS DAYS HOURS	MIN PRONOUNCED DEAD	16 19 81 4:32
NECES S ROR	7/	NIGERIA, AFRICA	NIGERIA,	AFRICA WIDO	RIED   NEVER MARR	Baltimore C	City MD.
ELAY IS PAGE		Baltimore	2100 blk	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) (. of Allendale		12a. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) Student	OR INDUSTRY
21201 AAND 3 RETAIN POULD		JAL RESIDENCE (IF IN NURSING HOME O STATE MD. 136 COUNT		130. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2E. PRESTON ST.	
DEE, MD. 21201 DEATH. IF ANY DELAY IS N GES 1, 2, AND 3 TO THE FU M PM 3. RETAIN PAGE 5 AND 2 SHOULD BE FILES OF VITAL RECORDS, 2019	14. I	FATHER'S NAME LBERT	WIDDIE	EGÖH	15. MOTHER'S MAID! RUTH	MIDDLE	ASAKPA
ST., BALTIMORE, M OURS AFTER DEATH 1B. GIVE PAGES 1, 3 WITH FORM PM MIT. PAGES 1 AND 2	160.	WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO.  N/A	BARBARA N	ADDRESS UMA 3308 BURLEITH	AVE. 21215
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA BETS SHOULD BE USED AS A BURNALL. FRANSIT PERMIT. PAGES 1 AND 2 SHOULD EVERTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PROPE OF PRIOR TO BURNAL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	0 8Y: E CAUSE (o) ML  DUE TO, OR  (b) DUE TO, OR	JITIPLE STAD WO AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OF VITAL RECORD  ATE SHOULD BE EX  HE WORD "PENDING  THE CHIEF MEDICA  JID BE USED AS A B  MENT OF HEALTH A  TO BURIAL, CREMA	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS OF THE PART 2 OTHER SIGNIFICANT CONDITIONS OF THE PART 2 OTHER SIGNIFICANT CONDITIONS OF THE PART 2 OTHER	21b. TIME OF HOUR A.M.	ION FOR WHICH OPERATION V	VAS PERFORMED?	D (ENTER MATURE OF INJURY IN ITEM 18 PART ) OF	20. AUTOPSÝ?  YES XX NO
DIVISION OF VITAL BY THIS CERTIFICATE SHOULU WARDED TO THE CHIEF T	MEDICA	CONTRIBUTING CAUSE OF D	21e PLACE C STREET, FACTO	OF INJURY (ATHOME, ORY, FARM, ETC.)  STREET 21		CITY OR TOWN	county state altimore, Md.
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ITMORE, MARYLAND,	2	ACTUAL SIGNATURE	al causes ,	Accident , Suicide  Polan, M.D.	Dosy XX. Inspection  Homicide XX  TITLE (SPECIFY)  A.D. ASSISTANT  ADDRESS	Undetermined manner ,	
Bb———		BURIAL, CRÉMATION, REMOVAL 23  BURIAL  FUNERAL DIRECTOR	36. DATE 6/6/81	Family P	lot	NIGERIA	OUNTY STATE  AFRICA  STATURE
DHMH-17 (VR A15 ME (5)) 15M 2/80	100	W.C. MARCH F/I	ADDRESS H 1101 F	. NORTH AVE.	MAY	2 7 1981	NO STATE OF THE PARTY OF THE PA



	FOR STATE			PEPARTMENT OF	HEALTH A					2 4	5 2	2
T. DEC	REGISTRAR CEASED NAME E OR PRINT)	Edward		MIDDLE	E I	ST		20. DATE KNO	STI-	onth DAY	YEAR 2	2b. HOUR
3. SEX Ma	1e 4.	RACE White	5. DATE OF BIRTH	1901 80 YE	ARS IF UND		DER 24 HRS.	2c. DATE PRONOUNCED DEAD		5 7		74 HOUR A.M
Ma	RTHPLACE (STATE		76. CITIZEN OF WH	Α.	8. MARRIED WIDOWED	D DIV	ARRIED	9. BALTIMORI Baltim	ore Ci	ty		MD
O B	altimor	е	11612 S.	PITAL, NURSING HOME CILITY, GIVE STREET ASPRESS) MACOTI SI.		RINSTITUTION	FOR /	JAL OCCUPATI MOST OF WORKING <b>tain-Fi</b>	LIFE)	OR	ND OF BUSI RINDUSTRY .to,Ci	1
5 130 S	TATE ary land	13b. COUNT		13 Ball Cimore	13	YES NO		SET ADDRESS	con St	. 212	24	
14. FA	THER'S NAME FIRST Henry	ou Fair	MIDDLE	Eiler		5. MOTHER'S M FIRST Alice	AIDEN NAME	MIDDLE		Grea	son	
16a. W	VAS DECEASED I	EVER IN U.S. ARM N) (IF YES, GIVE V	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT 219-30-58		Mrs. Ka	therine		612 S	. Maco	n St.	
MEDICAL CERTIFICATION ON REMOVAL.	lying cause	IFICANT CONDITIONS C	(c)	AS A CONSEQUENCE OF THE TERM	NNAL OISEASE O		IN PART 1 (a).					
2 8	190 DATE OF C	PERMITON	198. CONDIT	ION FOR WHICH OPER						I and a		
1 5							Jille			Y	UTOPSY?	NO 🔯
DICAL CERT	21a. EXTERNAL UNDERLYING CONTRIBUTING 21a. INJURY OC	OR G CAUSE OF D	DEATH P.M.	MONTH DAY YEAR	21c. HOV	W INJURY OCCU	JRRED (ENTER)	MATURE OF INJURY I	IN ITEM 18 PART 1	Y		но 🛛
MEDICAL CERT	UNDERLYING CONTRIBUTING 21d INJURY OC	OR G CAUSE OF D	HOUR A.M. P.M. 21e PLACE C	MONTH DAY YEAR	21c. HOV	V INJURY OCCU ATION BET		NATURE OF INJURY 1	IN ITEM 18 PART 1	Y		NO 🔕
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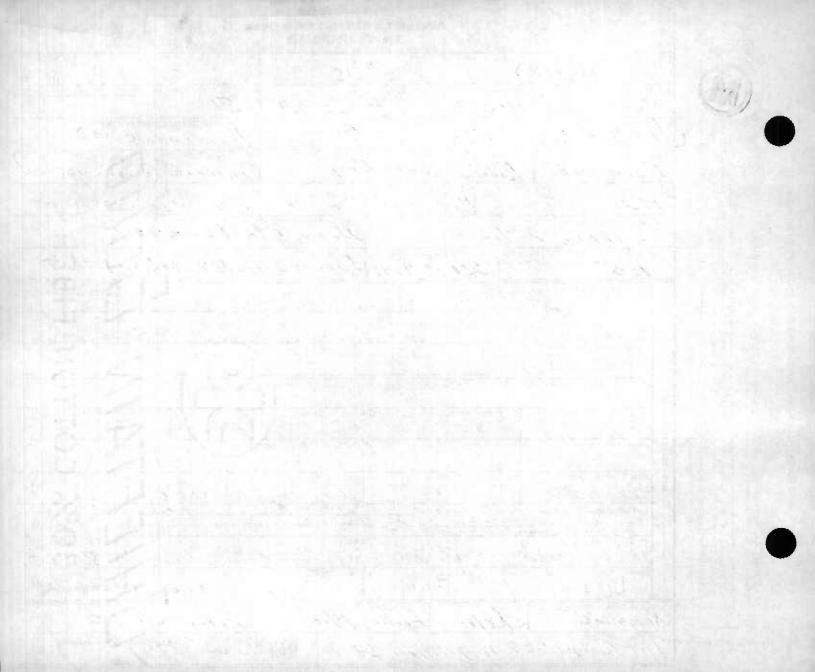
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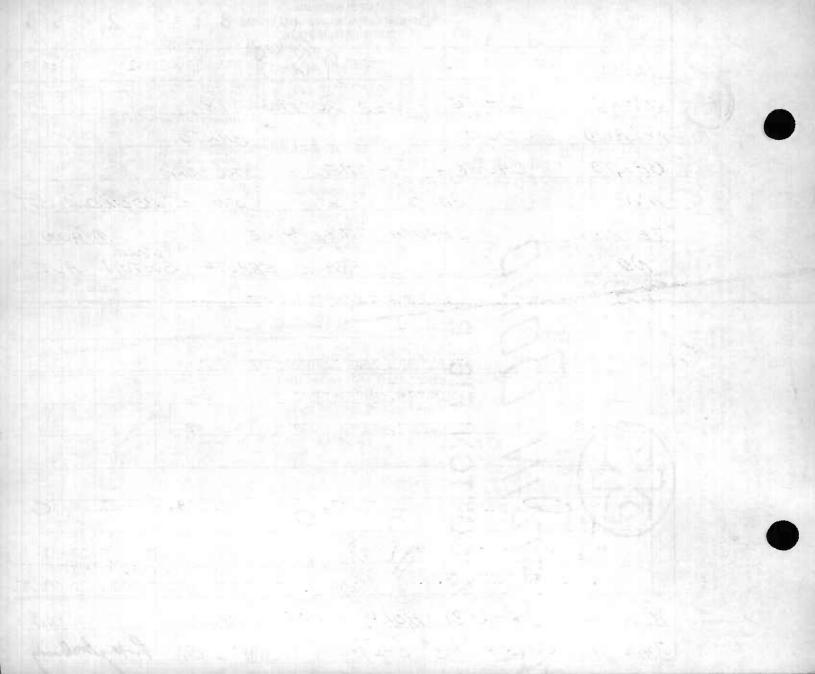
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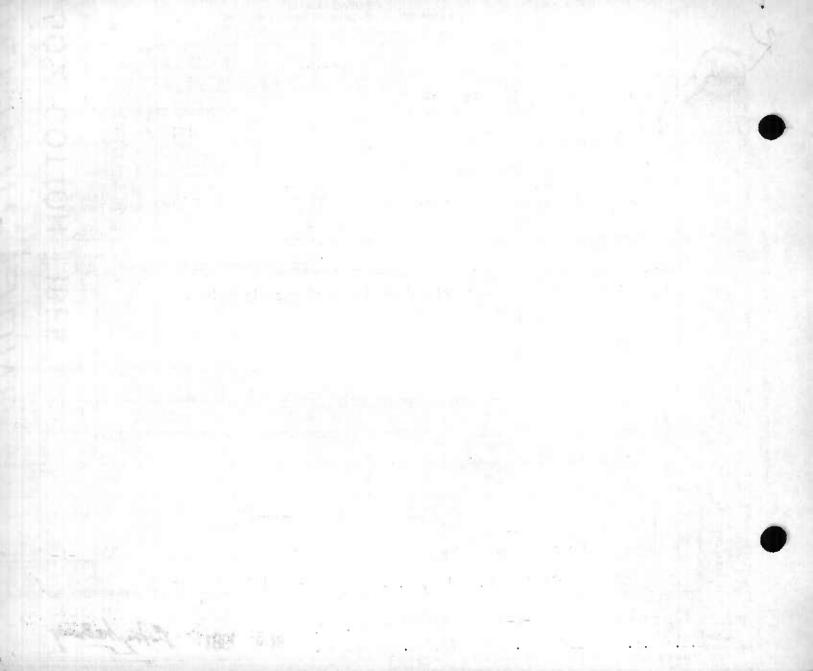


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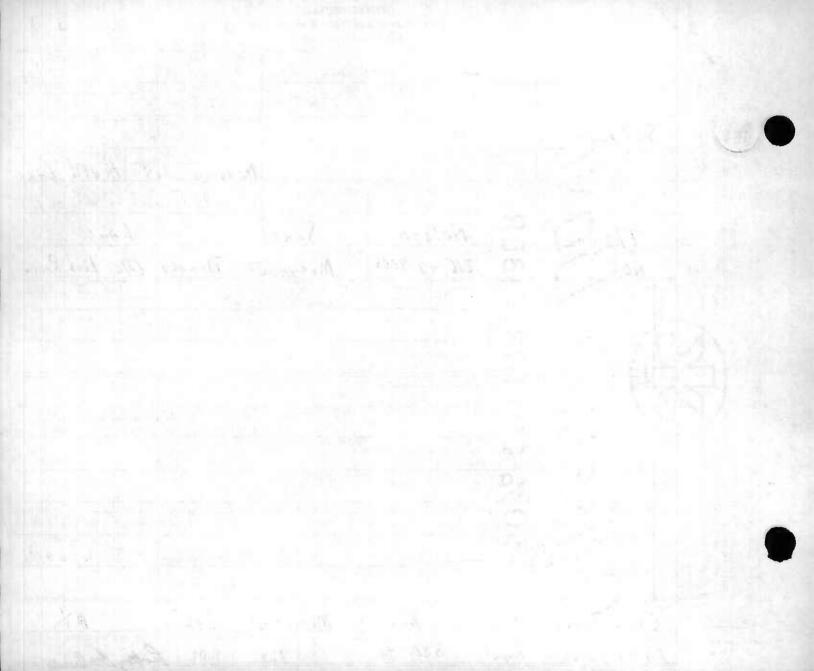
X	1-	FOR STATE REGISTRAR	a-cca r		DEPART	MENT OF HEXAMINI	EALTH		ENTAL H	YGIENE	i j	REG. NO	2	4	5	7
W	1. DE	CEASED NAME PE OR PRINT)	FIRST Max 1	ine Eliz	MIODIE zabet	:h		Epps		2	OF	NOWN X		DAY 3	YEAR 1981	26. HOUR
P.Y. P. DIREC DUR 72 H		emale	Black	5. DATE OF BIRTH	<b>4</b> °0	6. AGE (IN YEAR 411 PRE	RS IF UN	DER 1 YR.	IF UNDER	MIN. P	RONOUNG DEAD		момтн		198 I	II: 05 D.M
MEGESSA FUNERAL S FOR W WITHIN	FC		MD		JSA		8. MARRI WIDOW	ED 🖰	VER MARRI DIVORC	ED .	Bal	timor	e Ci	ty		MD.
ELAY IS TO THE TO THE OOS, 201		Baltimor	e		Aiken	Street		ER INSTITU	TION		AL OCCUPA OST OF WORK	ATION (TYPE ING LIFE)	OF WORK	126. KIN	ND OF BU R INDUSTE	SINESS
S CORP PA		AL RESIDENCE (IF III	136 COUN	OR OTHER INSTITUTION, GI		LE IMOr		13d. INSIDE (	ITY LIMITS?	13e. S78P	3 <sup>a</sup> ldr#	iken	St.			
# # # # # P P P P P P P P P P P P P P P	14. F	Charle:	S	WIDDLE	Thomp	Son		IS. MOTHE	r's maide Tyrtl	N NAME	MIC	DLE		Wa	rtki	ns
NAST., BALTIMORE A HOURS AFTER DEA EM 18, GIVE PACES NOR WITH FORM P EKMIT, PAGES I AN IENE, DIVISION OF AL.	] 6a. \ (Y	MAS DECEASED EVES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)		OLAL SECURITY		Jose		atte	erson	ADDRESS 1 223	1 Ke	enil	lwor	th A
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 1: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 18 RARABED TO THE CHIEF MEDICAL EXAMINER ALLONG W 18 RAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. 19 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 19, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gove rise couse (o) sto lying couse I		(b)	AS A CON	ISEOUENCE O	F	OR CONOITIO	N GIVEN IN PAI	BT 1 (a),						
F VITAL REC E SHOULD B WORD "PEN E CHIEF ME BE USED AS INT OF HEAL	CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDI	TION FOR	WHICH OPERA	TIONW	AS PERFOR	MED?						UTOPSY?	NO []
PROPERTY OF THE MOULD BILL ARTMENT OR TO BE		214 EXTERNAL C UNDERLYING CONTRIBUTING	OR	216. TIME OF HOUR A.M DEATH P.M	MONTH	DAY YEAR	21c H	OW INJURY	OCCURRE	D (ENTERN.	ATURE OF INJU	IRY IN ITEM 18 P	ART I OR PA	(RT 2)		
<b>∃</b> \$₹\$₹₽	MEDICAL		TWORK	21e PLACÉ ( STREET, FAC	OF INJURY TORY, FARM, E			CATION TREET			CITY OR TOW	ľN	co	YTAUC		STATE
EXAMINER CERTIFICAT ULD BE FOI DIRECTOR , WITH THE MARYLAND		22a   certify the deoth resulted for ACTUAL   SIGNATURE		rol couses X,	Accident Oola		Autop		Inspection cide	Undete	Inquiry rmined mor	nner,	d in my o		5-4-	-81
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	-	EXAMINER'S NA (TYPE OR PRINT)		irginia L				ADDRESS_				Street				
BP	(	URIAL, CREMATIO SPECIFY)  Bur  UNERAL DIRECTO	ial	5/8/81	23c P	butus	Mer Mer	n. Pa	ark	Ba	CATION ITIM			0.		<sup>ATE</sup> MD
DHMH-17 (VR A15 ME (5) ) 15M 2/80	-	MAME	March	F/H 111	01 E	. Nort	h A	ve.	MAY	5 1	981	25b. R5915	tray	rall	mody	



1	FOR - STATE REGISTRAR	DEPARTMENT MEDICAL EXA	2 4 5 9		
	DECEASED NAME FIRST TYPE OR PRINT) France	MIDDLE	Eubanks	20. DATE KNOWN X OF ESTI- DEATH MATED	MONTH DAY YEAR 26. HOUR
3. S		5. DATE OF BIRTH 6. AG	E (IN YEARS IF UNDER 1 YR. IF UNDER 1 BIRTHDAY) MONTHS DAYS HOURS		5 31 1981 MONTH DAY YEAR 2d HOUR 1:31
30	BIRTHPLACE (STATE OR TRIGINIA)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRIE WIDOWED DIVORCE		OR COUNTY OF DEATH
00	city or town of DEATH Baltimore	11 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD 3808 Edgewood R	DRESS)	120 USUAL OCCUPATION (TYL) FOR MOST OF WORKING LIFE) HOUSEWIFE	
5 M	ARYLAND 136 COUN	or other institution, give residence before TY 13c. CITY OR TO BALTIMO	RE YESXIX NO [	130 STREET ADDRESS 3808 EDGEWOO	D ROAD
00	FATHER'S NAME FIRST  JULIAM  WAS DECEASED EVER IN U.S. ARI (YES, NO, OR UNINNOWN)   (IF YES, GIVE	MED FORCES? 16b. SOCIAL SE	15. MOTHER'S MAIDER MARTHA CURITY NO. 17 INFORMANT	N NAME MIDDLE ADDRESS	BRÂNSON - 11
OSED AS A BURNAL - IKANSH PERMIT. PAGES I AND SOF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT RIAL, CREMATION, OR REMOVAL.	PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (b) BY:  TE CAUSE (a) Arteriosci  DUE TO, OR AS A CONSEQUI	:).) erotic Cardiovascu		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EMATION, OR RE	gave rise ta immediate cause (a) stating the <u>under-lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A CONSEQUE  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO T	NCE OF HE TERMINAL DISEASE DR CONDITION GIVEN IN PART	f l jai.	
MEDICAL CERTIFICATION	190, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?  YES □ NOMX
ICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR 19	ENTER NATURE OF INJURY IN ITEM 18	
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WEDICAL CERTIFICAL	death resulted fram: Natur ACTUAL SIGNATURE	e of the remains described abave, held	Suicide , Hamicide , TITLE (SPECIFY)  M.D. Assistant	Undetermined manner ,	DATE SIGNED 6-1-81
230.	BURIAL, CREMATION, REMOVAL 2	ADRIG	OF CEMETERY OR CREMATORY	Penn Street  123d LOCATION BALTIMORE	COMARYLAND ATT
24	FUNERAL DIRECTOR	6-6-81 1721 N.	25g, DATE RE	C'D. BY REGISTRAR	history



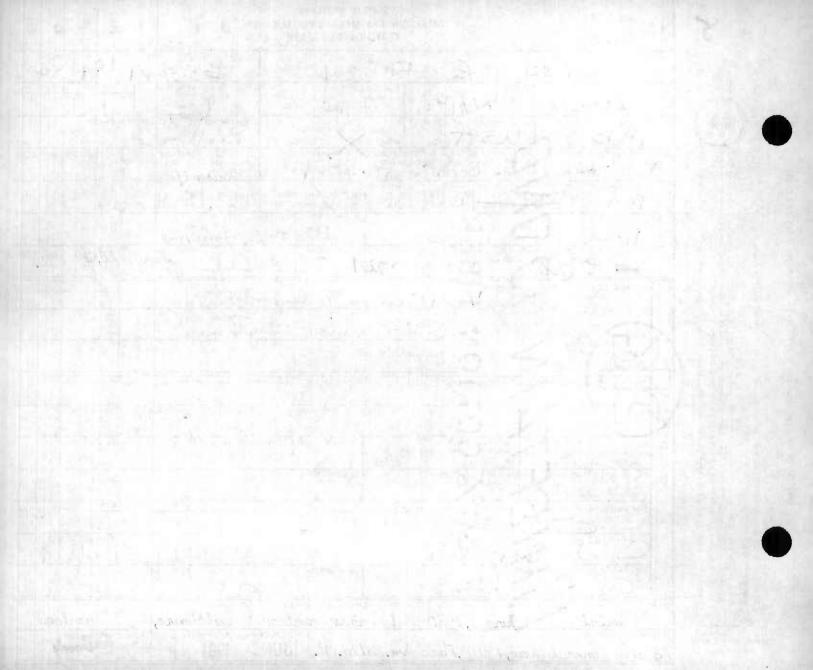
3	1.	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	124	6 0
may be page 3 rer death		CEASED NAME FIRST SORPRINT) Sarah	MIDDLE	EY	STACE	20. DATE OF DEATH	MONTH DAY YEAR 2	b. HOUR
ge 4 may ector, pag	3. SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BI		FUNDER 24 HRS
O(N) 97	7a. B	SUNTRY)  And  And	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOWS	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	outo city	MD.
by the filed		Butto.		GIVE STREET ADDRESS /	or other institution	ONE OF WORK FOR MOST		BUSINESS OR
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COL		23 TOWN FULL	13d. INSIDE CHTY LIMITS?	13e. STREET ADDRESS	Bland Ave	21211
MARYLA markin ted within ompletely cond 2 show examiner	14. FA	Thomas	MIDDLE Ne	Zson	15. MOTHER'S MAIDEN NA	MIDDLE	LAME	
istion and composes. The medical ex.		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		11AL SECURITY NO. 42-9008	MARGAR	e DONA	Ld 640/ Lou	RAJEN ATE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician.  The law seem signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  The answer of the medical examiner may be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the medical examiner must be not a stream or the stream	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM	JINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)	
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED F DEATH?
7/SION OF VITA 3- PHYSICIAN: T re this certificate the burial-transi and Mental Hygi ced or Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DUTY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MOI	NTH DAY YEAR	216. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		STATE
TTEND pital or 17. A for use of Heal	4	WHILE NOT WHILE AT WORK  220.1 certify that of (this has sow the deceased alive a obove. (1) (we) (did) (did to the deceased alive a obove. (1) (we) (did) (did to the deceased alive a obove. (1) (we) (did) (did to the deceased alive a obove. (1) (we) (did) (did to the deceased alive a obove. (1) (we) (did) (did to the deceased alive a obove.)	pital) attended the decease	ed from	nd that in (my) (our) apinion of	to, to death accurred on the d	19 1, the ate and hour and from the co	
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept.		22d. PHYSIGIAN'S NAME (TYPE	tleman		ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSIC	FF 7	23/87
307BP	230. 6	BURIAL, CREMATION, REMOVA	23b. DATE 5-26-81	234 NAME DEC	EMETERY OR CREMATORY 18W MEMORIA	23d. LOCATION CITY OF TOWN	To COUNTY M	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FL	YANS TUHERAL	ChapeL	8800 HAR	Tord Rd MAY	e rec'd. by registrar Y 2 7 1981	25b. REGISTRAR'S SIGNATUR	ΙE



/ 1	Item #6 Film G	56 6/15/61 rc	STATE OF MARYLAND		
3	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE 8	2 4 6
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	and activities
, ng ,	I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUPM
1 6 60 /	CLINTO		EVANS	MAY	18 1981 11:101
	3. SEX	4 RACE	5. DATE OF BIRTH	6, AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUN	
10 14 14 15	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT ID-SIGNAC HEACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)  HOSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LABORER	12b. KIND OF BUSINESS OR INDUSTRY RUBBER Co.
24 hours be could be	USUAL RESIDENCE (IF NURSING HOME 130. STATE		WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ER ST.
BALTIMORE, MARYLAND 21201  cote be executed within 2 fletter systicion and completely tilled in propers. Pages 1 and 2 should be file vol.	14 FATHER'S NAME FIRST LUTHE	RT. EVANS	15 MOTHER'S MAIDEN N		LAST
IMORE,	(YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES! 231-16-	2310 Hur Katie M	. Wans - 2119	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI NG PHYSICIAN: The low requires that the death certificate attention physicial that this certificate has been signed by the ottending physicial that this certificate has been signed by the ottending physicial that this certificate has been signed by the ottending physicial that the burial-transfer prior to burial, cremation, or removal, and Mental Hygiene prior to burial, cremation, or removal orked or them 18 shows any injury, or other troumatic event, the	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)		MINAL DISEASE OR CONDITION C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SIVEN IN PART 110
he low range.  on.  the permit.  ene prior.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The rending physician this certificate he burtol-tronsit full did Mental Hygiet do r tem 18 show	OR CONTRIBUTING CAUSE OF CIFEITHER NOTIFY MEDICAL EXAMI	CAIR	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)  COUNTY STATE
ENDING ol or oth OR. After r use os th Health or is morke	AT WORK AT WORK	spital) attended the deceased from		, to _5=18	, 19_81, that (I) (we) lost
IITAL OR ATT by the hospit ERAL DIRECTG e detoched fo Store Dept. of	obove, (I) (we) (did) (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME (IVI	not) view the body ofter death.	DEGREE ATTENDING PHYSICIAN  122. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN (X)	22c. DATE SIGNED  S-18-81-81
TO HOSPITAL TO FUNERAL should be deter with the Store	A. J. HEL	OU, M.D.	CHUR	CH HOSPITAL CORF	
060,3	230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY BY CHANGE	23d. LOCATION CITY OF TOWN BALTO.	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	TA CONERAL DIRECTOR	les - 2334 JODRES		ATE REC'D. BY REGISTRAR 251 P	MR'S SIGNATURE

als y grill armstring a deal of the sulforst reco. . Autol and Pyronia construction of promit at the construction ESIG. MIL. DELLER Yes will the langer manual moon have been been line and the . Telegi County and Maryland Maryland Manne Louis L County, And the second of the second o

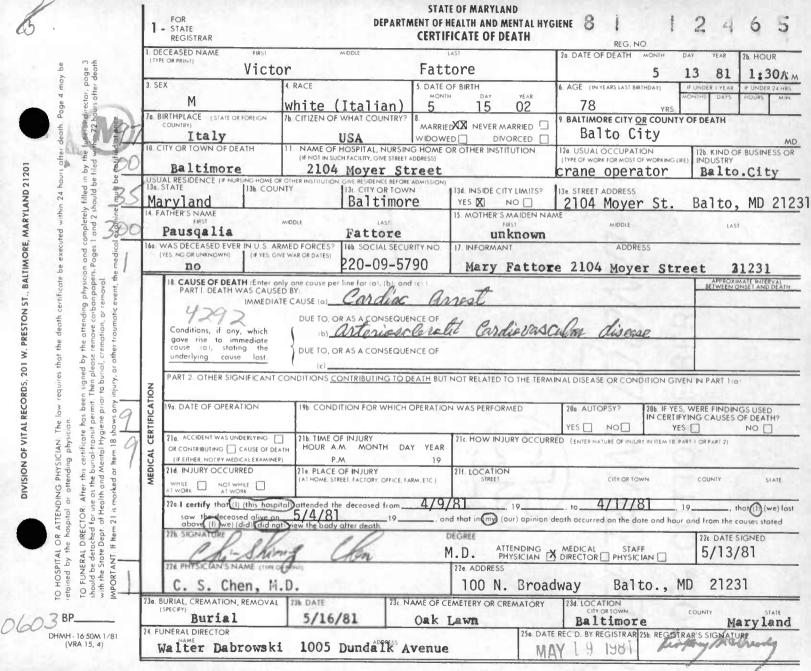
	1	STATE OF MARYLAND	
5	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	2 4 6 3
noy be proge 3 r death		ECEASED NAME FIRST MIDDLE FAHEY 20. DATE OF DEATH MONTH	DAY SH 26 HOUR SA M
Poge 4 moy director, pog	3. SE	EX REMALE White S. DATE OF BIRTH DAY YEAR (AZ YR:	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Se		BIRTHPLATE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTRY? WIDOWED DIVORCED	eMD.
the the	1	Battime 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	130	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  134 COUNTY  135 STREET ADDRESS  HO  136 STREET ADDRESS  HO  137 STREET ADDRESS  HO  138 STREET ADDRESS  HO  139 STREET ADDRESS  HO  130 STREET ADDRESS  H	mover St
. + 0		FATHER'S NAME  FIRST  F	tast (0)
BALTIMORE, M. ote be executed of be executed of spers. Pages 1 or other of the medical executed of the		WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNINO)  WHES GIVE WAR OR DATES)  213-10-12441  C.J. Shelltu Shark	y Altito Patapsco
ST., as phy on po		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ventricular Tady undir	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTO: death attend ave ca frion, o		Conditions, if any, which gove rise to immediate (b) Chrome Cerradiae arrythmus	
ires that the age by the niplease rem niplease rem burial, cremony, or other tr		couse (o), stating the underlying couse last.    DUE TO, OR AS A CONSEQUENCE OF (c)	
0 2 2 2	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 LIFE	YES, WERE FINDINGS USED
TALRECO The low residion. Sicion. Sit has been as the mist permit. Signer prior Shaws ony	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPGY 100. IF IN CEF  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	YES NO
SICIAN and physical p	MEDICAL CI	OR CONTRIBUTING CONTRACT HOUR A.M. MONTH DAY YEAR	18 PART I ORPAKT 2)
DIVISION DING PHY or after this se as the bu	ME	AT WORK AT WORK	COUNTY STATE
TTEN TOR for us of He		22a.1 certify that (I) (this haspital) attended the deceased from 19 , 19 , 10	hour and from the couses stated
HTAL by th Stote		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 224 ADDRESS	18/1/8/
TO HOSPITAL retained by th TO FUNERAL should be deter with the Store		CJ. Schechter S. BGH.	V. V
7301 BP-		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION STYPORTOWN PARTIES OF CEMETERY OR CREMATORY 236. LOCATION STYPORTOWN PARTIES OF CEMETERY OR CREMATORY 236. DOCTOR	county Mary band.
DHMH-16 30M 2/80 (VRA 15, 4)	Mo	Gully Funeral Home, 130 E. Fort Ave. Balto. Md. JUN 2 1981	Bay Bio Breedy



10	1-	ems #Lのa-ととa FOR STATE REGISTRAR	rlim	D	PARTMENT OF	HEALTH	AND ME	NTAL HY	0	REG. NO.	2 4 6	4
2, 5, 2, 2, F.	1. DE	CEASED NAME F	rner		WIDDLE		lin	JR.	20. DATE KI	NOWN 1 MONTE	23 <sub>19</sub> 81	2b. HOUR
S SE		male bla	ck 5					IF UNDER 2	4 HRS. 2c. DATE PRONOUNC DEAD	ED 5	DAY YEAR	2d HOUR 1 10:3,9
P. P	FC	RTHPLACE (STATE OR BEEGN COUNTRY) AT.TIMORE		USA		WIDOW		DIVORCE	B	altimore	City	pm MD.
DELAY IS NO THE FILED, DG, 201 W	1	Baltimore	(	Hopkin	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS S HOSPITAL		ER INSTITUT	ION	120. USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WOR) 4G LIFE)	OR INDUST	
H. IF ANY DELA 1, 2, AND 3 TO 1, 2, RETAIN P 2, 2 SHOULD BE 1, TAL RECORDS,	13a. S	MD.	OUNTY	er institution, give	BALTIMOF		13d. INSIDE CIT YES	NO 🗆	13e STREET ADDRESS	PRESTO	N ST.	
ESES SON		ATHER'S NAME FIRST GARNER	MIDI		FALLIN		GE	R'S MAIDEN RST RTRUD	)E		FLEET	
JRS AFTER DEAWITH FORM F. PAGES I AND DIVISION OF	16a V	VAS DECEASED EVER IN U. ES, NO, OR UNKNOWN)  NO  18 CAUSE OF DEATH (En	S, GIVE WAR OF	R DATES)	215-32-5		GER!		CATHEY	ADDRESS 1517 E.	PREST	ON ST
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 182 BD TO THE CHIEF MEDICAL EXAMINER ALONG WES SHOULD BE USED AS A BURNAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOT PRIOR TO BURNAL, CREMATION, OR REMOVAL.		PART I DEATH WAS C  30 49 IAM  Conditions, if ony, gave rise to imme cause (a) stating the u lying cause last.  PART 2 OTHER SIGNIFICANT CONC	which ediate nder-	(b)DUE TO, OR A	ATOUT SEQUENCE  A CONSEQUENCE  TO HOT RELATED TO THE TER	OF	OR CONDITION	GIVEN IN PART	1 (a).			
HOULD BE EXER RD "PENDING" HIFF MEDICAL USED AS A BU OF HEALTH AN IRIAL, CREMATI	CERTIFICATION	190 DATE OF OPERATION		196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORA	AED?			20 AUTOPSY	? NO []
RITING THE WORKERING THE WORKER TO THE CORE STROUGH BE EDEPARTMENT OF PRIOR TO BUILD PRIOR TO BU		210. EXTERNAL CAUSE W. UNDERLYING OR CONTRIBUTING CAUS			NJURY MONTH DAY YEA	R 21c. HC	OW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR		NO L
2445K	MEDICAL	21d. Injury Occurred While Dot While AT Work AT Work	E 🗆		FINJURY (ATHOME, RY, FARM, ETC.)		TREET		CITY OR TOWN	C	OUNTY	STATE
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		220 I certify that I took death resulted from: ACTUAL SIGNATURE	Natural cou	Jun X.	Accident , Si	Autop	Homici TITLE (SP D. <b>Assi</b>	ecify) stant	Undetermined mann	DATI HER SIGN	5/2 <sup>4</sup>	
	230.B	(TYPE OR PRINT) URIAL, CREMATION, REMO PECIFY) BURIAL	/AL 23b. DA		ard,M.D.  236. NAME OF CE  BALTO.	METERY O	RCREMATO		n Street,  23d LOCATION CITY OF TOWN BALTIMOR	co		TATE
DHMH - 17 /R A15 ME (5) )	-	JNERAL DIRECTOR NAME .C. MARCH F/I		ADDRESS		CER		So. DATE RE	CD. BY REGISTRAR 2.7 1981			

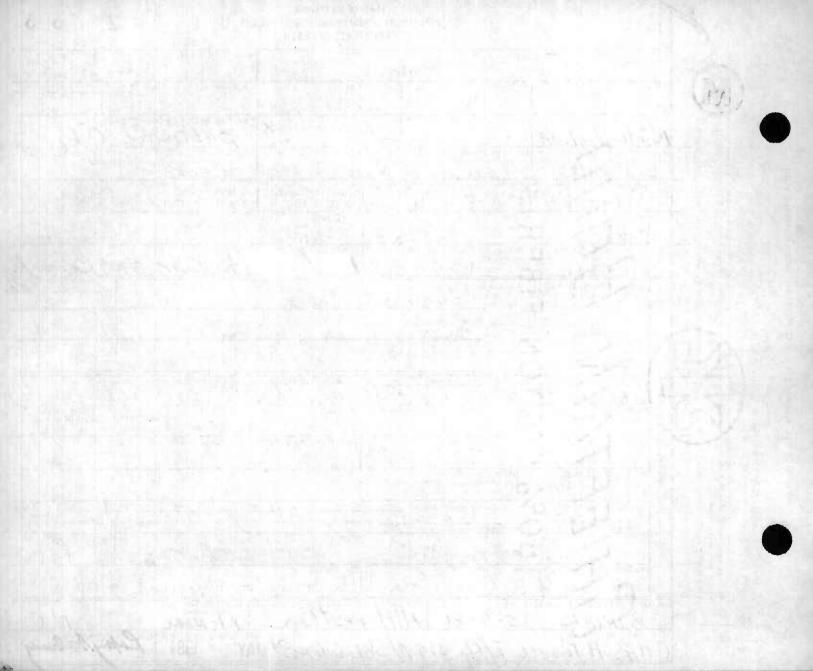
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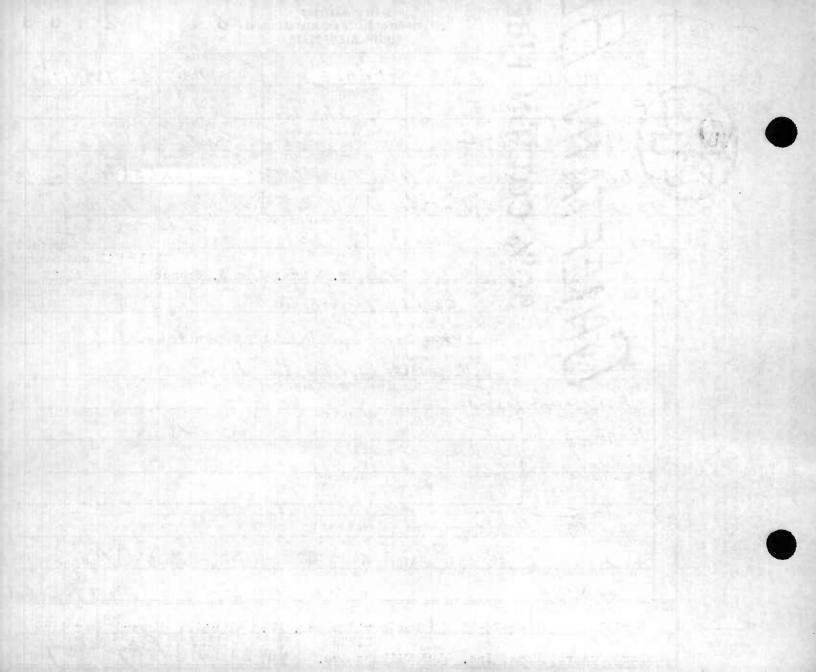
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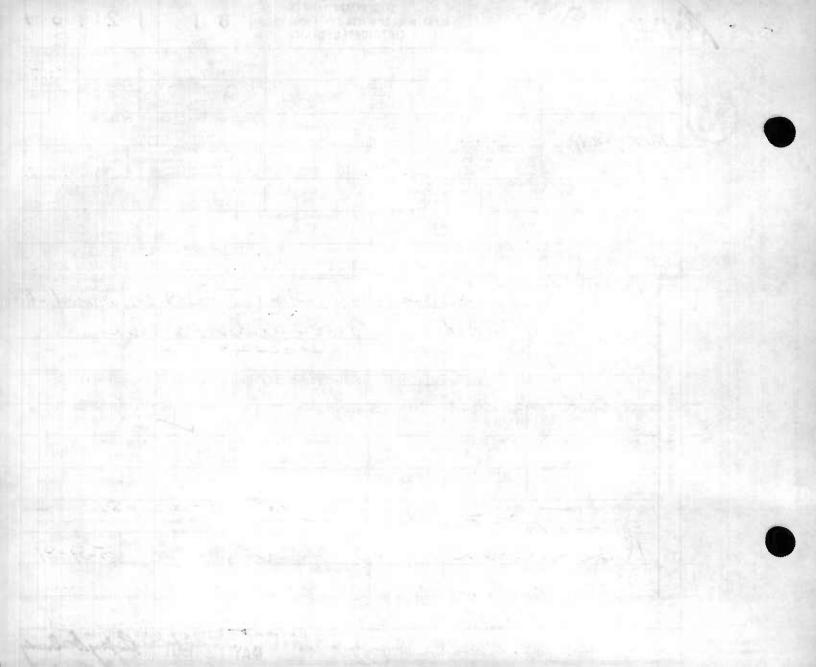
Xo	FOR 1 - STATE REGISTRAR	MEDICALE	STATE OF MARYLAND MENT OF HEALTH AND MENT XAMINER'S CERTIFICAT		2 4 6 7
ASE OR. JRS IET,		arah	Feaga	OF ESTI-	DNTH DAY YEAR 26 HOU 5 14 19 81
RRY, PLEASE DIRECTOR DOUR FILES V72 HOURE	female whi		31 YRS. MONTHS DAYS HOU	PRONOUNCED DEAD	5 14 19 81 8:4
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHINT2 HOURS I W, PRESTON STREET,	Maryland  Maryland	76. CITIZEN OF WHAT COUNT	WIDOWED DI	VORCED   Baltimore	City
ELAY IS TO THE F PAGE BE FILED	Baltimore	University H		120. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	OR INDUSTRY
F ANY D AND 3 REFAIN PHOULD RECORD	USUAL RESIDENCE (IF IN NUMBER 13s. STATE Maryland	E OR OTHER INSTITUTION, GIVE RESIDENCE B DUNTY Howard	PRIORE ADMISSION)  DRITOWN  rksville  yes   NO	13. STREET ADDRESS Oaks R	load
DEATH I	Allan C. Drive			S. Straten MIDDLE	LAST
ALTIMO SAFTER I SIVE PAC TH FORM TH FORM VISION O	160, WAS DECEASED EVER IN L (YES, NO, OR UNKNOWN) (IF Y	(EC CRIE WAS ORDATES)	AL SECURITY NO. 17 INFORMANT 56-8547 Christ	ADDRESS topher Feaga	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS I EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE THED, AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MEMBER. PHYSICIAN OF VITAL RECORDS, 2011 M BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, gave rise to imm cause (a) stating the lying cause last.  PART 2 OTHER SIGNIFICANT COM	MEDIATE CAUSE (a) TREE TO PE  which dediate (b) (b)	EQUENCE OF	N IN PART 1 (a).	
VITAL REC	190. DATE OF OPERATIO		HICH OPERATION WAS PERFORMED		20 AUTOPSY?  YES X NO
DIVISION OF S CRETIFICATE RITING THE V ROED TO THE RES SHOULD E DEPARTMENT OF PRIOR TO	UNDERLYING OR CONTRIBUTING CAU  21d INJURY OCCURRED  WHILE NOT WH AT WORK AT WORK	SE OF DEATH 4:05P.M. 5/	OAY YEAR driver of	auto in collision w  CITY OR TOWN  NearHomewood Dr.,Co	ith truck Maryland
EDICAL EXAMINER: THIS THE CERTIFICATE, W THE THE CERTIFICATE, W THE STANDID BE FORWA THE STANDIN HE STANDIN WORE, MARYLAND, 212		k charge due remains described abav	e, held an Autopsy XX Insp £, XX Suicide, Hamicide TITLE (SPECIF M.D. ASSIST	Dection , Inquiry , and in rection , Dection , Undetermined manner , Decty , Signed and datant MEDICAL EXAMINER S	athCertificate ted 5/15/81-VOI ATE 5/19/81
	(TYPE OR PRINT)  230. BURIAL, CREMATION, REMO	DVAL 23b DATE 23c. NA	ADDRESS ADDRESS AME OF CEMETERY OR CREMATORY  Louis Cemetery	Penn Street, Balto.  134 LOCATION CILY OR TOWN CLARKS VILLE, How	COUNTY
DHMH-17 (VR A15 ME (5))	24. FUNERAL DIRECTOR	4112 Columbia Rd.,	Ellicott City	OATE REC'D. BY REGISTRAR 25b. REGISTRA	

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12 1	.00	100			STATE OF MARYLA		QI	1	9	6 8
6 40	1.	FOR STATE REGISTRAR		DEPARTM	NENT OF HEALTH AND M CERTIFICATE OF DI				6	0 0
	LDE	CEASED NAME FIRST	MIDE	DIE	LAST	12	REG. NO		YEAR 2b	HOUR
8 m €		OR PRINT)					.00.0	00	1001	75
dec dec	3. SE	AUDRE	Y AN	NA	FEHLE		max	27	1781	PM
E 0.5	3. SE	~			5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRT			UNDER 24 HRS
1 /11			Wh. Te	3	3 27	12	07	YRS.		
2 個別 北方		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	IAT COUNTRY?	MARRIED NEVERM	ARRIED 2	BALTIMORE CITY OF	COUNTYO	FDEATH	
音点が高いた		gna	451	+	WIDOWED DIV	ORCED	Palter	nore	City	MD.
27 300	10. C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME OR OTHER INSTI		TYPE OF WORKSFOR MOST OF		126 KIND OF BI	USINESS OR
A 870	6	Altemore	John	L. De	aton Medica	Leater	Superviso	1.70	teleph	conside.
E 2 4	USU.	AL RESIDENCE (IF NURSING HOME)	ORO' HE MATMATICH CH	SPENDENCE REFORE		TV LIMITED IN	e. STREET ADDRESS		1/2	
	1	mal,		12 201	- /	NO [	3029 M	uliol	de and	2/2
ine 2 th	14 FA	THER'S NAME		7.00		MAIDEN NAME		61		
\$2 DAG	X	LAMPLE !	Allali	4 shoo	1 Police	IRST	MA MIODIE	01 1	MA LAST	andre!
8 7	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECUI	RITY NO. 17 INFORMAN	NT	ADDRE	\$\$ 2017	Wilkens	Augusta
0 0 0 E	('		GIVE WAR OR DATES)	212-05	-1162 No. C	M T-	1 T D.1.			
1 - F		No l				Mrs. Jo	hn J. Bohr	ier		229
Pop I		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line ISED BY:	0 1	1 /	1. 1			BETWEEN ONS	T AND DEATH
0 000		191/11 IMMED	IATE CAUSE (o)	Lardi	o palmonary A	Tryest				
cor n, or mote		1077	DUE TO, OR A	S A CONSEQUE	0 - 11 1	D / ///		4		
otio rou		Conditions, if ony, which gove rise to immediate	(p)	Markey G	enemalized 1	Urbility	, poor nate	tion		
rem rem		couse (o), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUE	NCE OF	0 /1	/			
d by lease iol, c		underlying couse lost.	(c1	netusta	to Cancer &	f the	Valva			
signe nen pl o buri	7	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO D	EATH BUT NOT RELATED	THE TERMINA	AL DISEASE OR COND	ITION GIVEN	IN PART 1(0)	
The The	CERTIFICATION	Ano vagin	ab Pistul	a						
print print	CA	190 DATE OF OPERATION	96. CONDITIO	N FOR WHICH	OPERATION WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, V	VERE FINDINGS	USED DEATH?
ow of	TIF	None					YES NO	YES (		10 🗆
rifficate ol-transition tol Hygi	_	21a. ACCIDENT WAS UNDERLYING			Y YEAR 21c HOW INJ	URY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
certification in the manner of	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH		19					
his c d Me l or h	EDI	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	211 LOCATION	N	CITY OR TOV	VN	COUNTY	STATE
s the	2	WHILE NOT WHILE AT WORK	(AI HOME, SIREET,	FACTORY, OFFICE, FA	CRM, ETC.)					
ase o se o mo		22a.   certify that	spital ottended the d	eceased from 1	MARCH 31	19 81	10 May 22	19	81 that	t (1) (ve)lost
TOR of He		sow the deceased alive	on Man 22	19_5		our) opinion deo	oth occurred on the do	te and hour o	nd from the cou	
IRECT hed for ept. of tem 2		obove (() (we) (did) (did	not) view the body off	er deoth.	DEGREE			7	22c. DATE SIG	NED
- 100 T		7 00	12 R	(0/)	MARCH AT	TENDING _ /	MEDICAL STAF		m.	77 199
FUNERAL uld be det to the State ORTANT:		22d. PHYSICIAN'S NAME (TY	PF OR PRINT!	X	22e. ADDRESS		DIRECTOR PHYSIC	IAN	1. way	2-, 110
FUNE FUNE Fuld be the S		CIAIIN	42		11	1	-Pna 1	1.1	0 10	.101
TO FUNERA should be di with the Sto		CHAUD	7		un	iversit,	107, 18id	1705py 1	repla	my track
2	23a. E	URIAL, CREMATION, REMOV SPECIFY)	14 17 18 18 18 18		AME OF CEMETERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
2		Burial	05-26-8	1 Me	eadowridge Me		Elkridge	Howar	d Mary	land
I-16 30M 2/80	24 FI	JNERAL DIRECTOR		AODRESS	21229	250. DATE RI	EC'D. BY REGISTRAR	BE RECISIRA	W STATE	ada
'RA 15, 4)	Hu	bbard Funeral	Home, Inc	. 4107 W	Vilkens Ave.	MAY	2 5 1981	1	/	1
								_		



STATE OF MARYLAND



male black 2 22 59 YRS MONTHS DAYS HOURS MIN. PRONOUNCED 5 21 81 9  78. BIRTHPLACE (STATE OR FOREON COUNTRY)  South Mills, N.C. U.S.A. 8 MARRIED MEVER MARRIED WIDOWED DIVORCED Baltimore City	The Child Continue   The Chi		DEC (TYPE	EASED NAME OR PRINT)	Ch	arles	MIDDLE H		Felton	n.	2a. DATE K OF DEATH	ESTI- MATED	MONT)	21	YEAR 81	2b. HC
South Mills, N.C.   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH PI	Second Mills   N.C.   U.S.A.   WINDOWED   NEVER MARRIED   Baltimore   Baltimore   City   South Mills   N.C.   U.S.A.   U.S.A.   WINDOWED   DIONRED   Baltimore   City   City   Baltimore   City	B 2011 V					YEAR 22	LAST BIRTHDAY) MC		NDER 24 HRS.	PRONOUN	CED				2d HC 9:
Baltimore    Cand   Can	Baltimore    Conditions   Control Superior Super	S	OU	th Mill	s, N.C.	U.	S.A.	WID	OWED DIV	ARRIED		-	-	1.0	DEATH	PM
136. STATE   136. COUNTY   136. COUNTY   136. COUNTY   136. MIDDLE   1	13. STATE   ADDRESS   13. STATE   ADDRESS   13. STATE   ADDRESS   13. STATE   ADDRESS   13. MOTHERS NAME   14. MODIL   14.	B	a1	timore		2104 J	Braddish	n Avenue		12a USU FOR A	JAL OCCUPA MOST OF WORK	ATION (TYPE	OF WORK	OI	ND OF BU R INDUSTI	SINESS RY
Test   Autor   Test	Quetion  Felton  Ethel  Wallen  Mullen  Mullen  Mullen  Mullen  Mullen  Mullen  Ethel  Mullen	130	s. ST.	MD					975	115?   13e. STRI	EET ADDRES 4 Brad	ddish .	Avei	nue		
SCAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   CAUSE OF DEATH   CAUSE WAS   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   OR CONTRIBUTING   CAUSE OF DEATH   OR PART		Q	uetion			Fel	ton	Ethel	AAIDEN NAME	MIC			N	ulle	n
PART I DEATH WAS CAUSED BY:    MAMEDIATE CAUSE (a)   Arteriosclerotic cardiovascular disease	PART TO BETH WAS CAUSED BY   IMMEDIATE CAUSE (a)   Arteriosclerotic cardiovascular disease   Set WERNOWS (a)   IMMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF	160	(YES	NO, OR UNKNOW	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)				y Felt	on 2		rado	dish	Ave.	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK   STREET, FACTORY, FARM, ETC.)  22a   Certify that   taok charge of the remains described above, held an death resulted fram: Natural causes XX   Accident   Suicide   Hamicide   Undetermined manner   ACTUAL   ASSISTANT DATE 5/22/81	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME. STREET) 21f. LOCATION STREET CITY OR TOWN COUNTY ST.  22e. I certify that I taok charge of the remains described above, held an death resulted fram: Natural couses XX Accident Suicide Hamicide Undetermined manner ASSISTANT MEDICAL EXAMINER SIGNED  EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201					(c)	R AS A CONSE	QUENCE OF								
AT WORK  22a   Certify that   Laok charge of the remains described above, held an Autapsy   , Inspection   XX   Inquiry   , and in my opinion death resulted fram: Natural causes   XX   Accident   , Suicide   , Hamicide   , Undetermined manner   ,     ACTUAL   ASSISTANT   DATE   5/22/81	22a   Certify that   taok charge of the remains described above, held an Autapsy   ,   Inspection   XX   Inquiry   ,   and in my opinion   death resulted fram:   Natural courses   XX   Accident   ,   Suicide   ,   Hamicide   Undetermined manner   ,	SECATION.	FICALION	lying cause	e lost. HEICANT CONDITIONS	(c)CDNTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DIS		IN PART 1 (a).						
	(TYPE OR PRINT) HOTTMEZ R. GUARD, M.D. ADDRESS III PERMI BLIEEL, BAILO., FID ZIZOI		N N	lying cause PART 2 OTHER SIGN 19a. DATE OF C 21a. EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS	(c) CONTRIBUTING TO DEATH 196 COND 216 TIME C HOUR A. DEATH P. 21e PLACE	H BUT NOT RELATED  ITION FOR WH  DE INJURY M. MONTH D/ M.  OF INJURY ()	TO THE TERMINAL DIS	WAS PERFORMED?					PART 2}		ио.≹

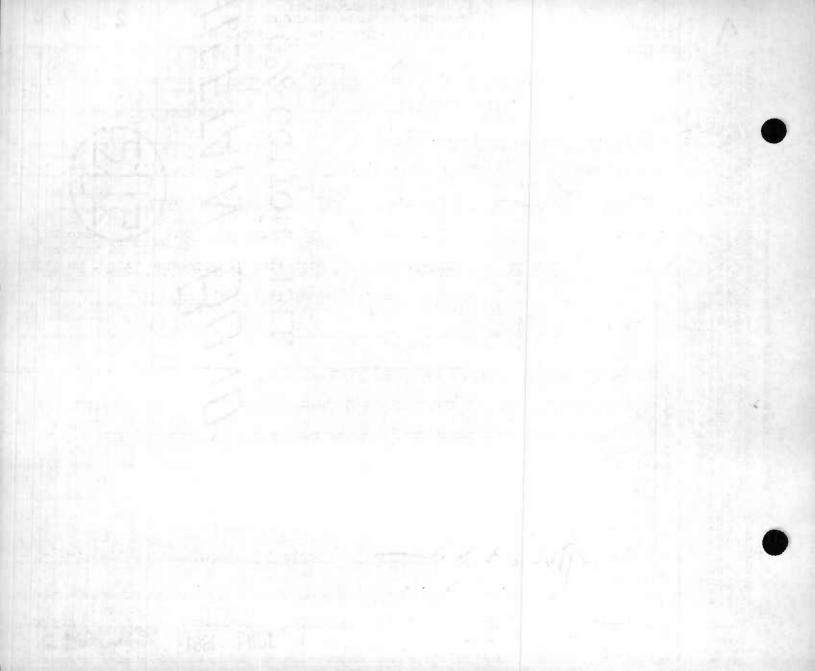
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4 3	RY, PIEASE PIECTOR. FILES. OURS	3. SEX male	4. RACE black	5. DATE OF BIRT	Y YEAR	6. AGE (IN YEAR LAST BIRTHDA	RS IF UN	DER 1 YR.	IF UNDER		RONOUNC DEAD	ED	5-10	)-81 <sub>19</sub>	AR 924 50UR
•		Ja. BIRTHPLACE FOREIGN COUNTR Ba		76. CITIZEN OF	WHAT COUN		1	party.	VER MARR	IED L			orcount e City	Y OF DEATH	
	H. IF ANY DELAY IS NEGES 2. AND 3 TO THE FURNA 3. RETAIN PAGE 5 2. SHOULD BE FILED 7AL RECORDS, 201 W	10. CITY OR TOW  Balti	nore		FACILITY, GIVE S	rd Aven	ue	RINSTITU	ITION		AL OCCUPA OST OF WORK!		YPE OF WORK	12b. KIND OF OR INDU	BUSINESS
21201	AND 3	USUAL RESIDENC 130. STATE Md	E (IF IN NURSING HOME O		13c. CITY	BEFORE ADMISSION OR TOWN		13d. INSIDE C	NO [	13e. STREI	ET ADDRESS		rd Av	enue	
RE, MD.	RS AFTER DEATH. IF A . GIVE PAGES 1, 2, AI WITH FORM PM 3. R . PAGES 1 AND 2 SHC DIVISION OF WITAL RE	14. FATHER'S NAMER'S NAMES		MIDDLE	Fel			Mary		EN NAME	MIDI	DLE	Joh	nnson	
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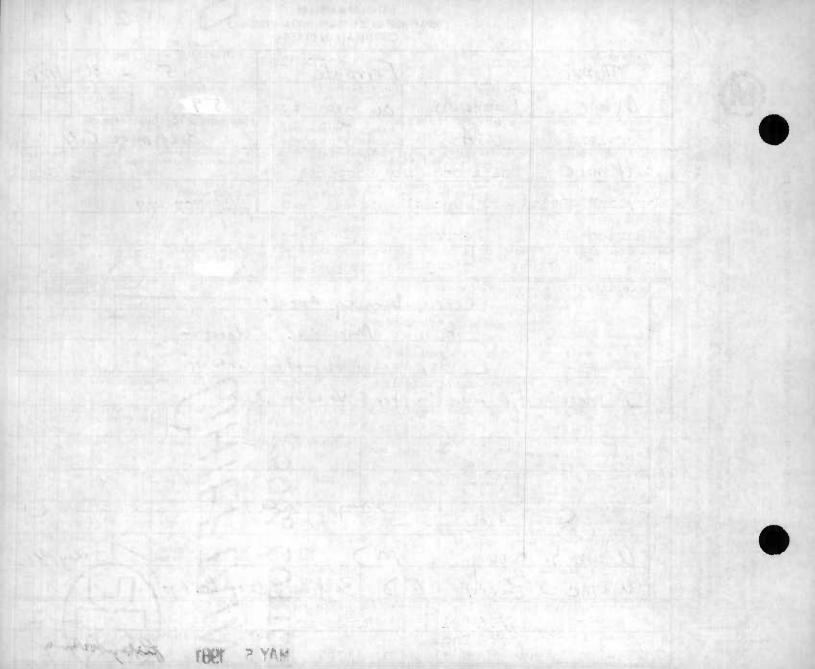
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	1. IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS 3. RECORDS, 201 W. PRESTON STREET.	2 1	Maryland			S.A.		IDOWED [	DIVOR		Baltimo		-		MD.
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-	HOURS AF M 18. GIVI NG WITH RMIT, PAG I'NE, DIVISI		18 CAUSE OF	DEATH (Enter an)	y ane cause per line	far (a), (b), ar	nd (c).)						AP	PROXIMATE	
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So	AND	1	PART 2 OTHER SIG	NIFICANT CONDITIONS (	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDI	TION GIVEN IN P	APT 1 (a)					
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_	RETHIS CENTER WRITH REVARDE 3 TE PAGE 3 STATE DISC. 212011		AT WORK	AT WORK	·										
	A S S S S S S S S S S S S S S S S S S S	1	22a 1 certify	that I taak charg	e al the remains des	cribed abave,	held an	Autopsy 💢,	Inspectio	an 🔲 ,	Inquiry .	and in my a	pinian		
	MAN HE FEET HE		death resulted	d fram:	al causes X	Accident	, Suicidi	, Hai	micide .	Undete	rmined manner	].			
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST BAITIMORE, MARYLAND, 2	23a. E	SURIAL, CREMAT	ON, REMOVAL 2	3b. DATE	23c. NAA	NE OF CEMET	RY OR CREMA	TORY	23d, LOC	CATION	cou	NIY	ST	ATE
	BP		Buri		5/30/81	Mos	t Holy	Redeem	er		timore			aryl	
	DHMH - 17	24. F	UNERAL DIRECT	OR Duda-R	uck, Inc.				25a. DATE		REGISTRAR 256. RE	RAR'S			
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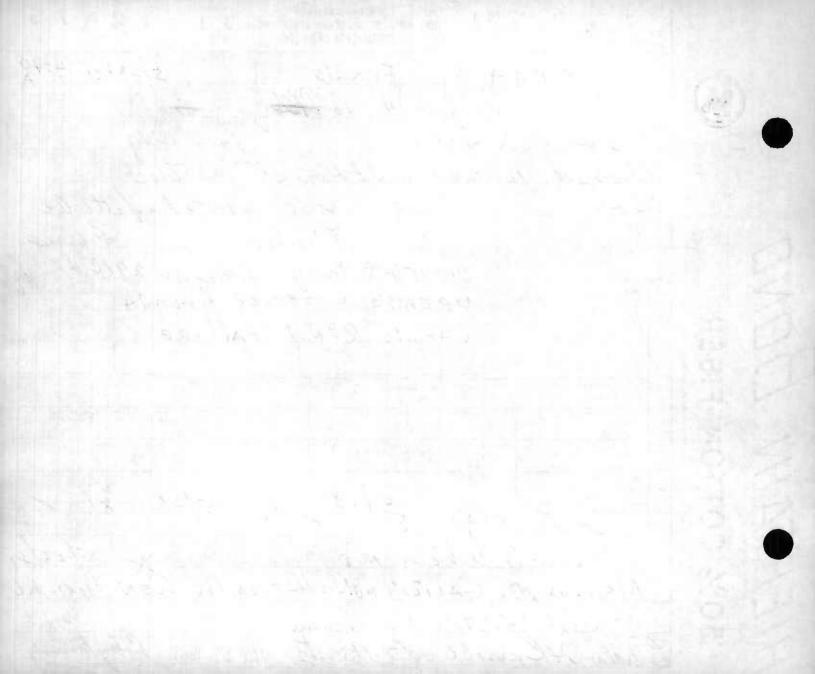


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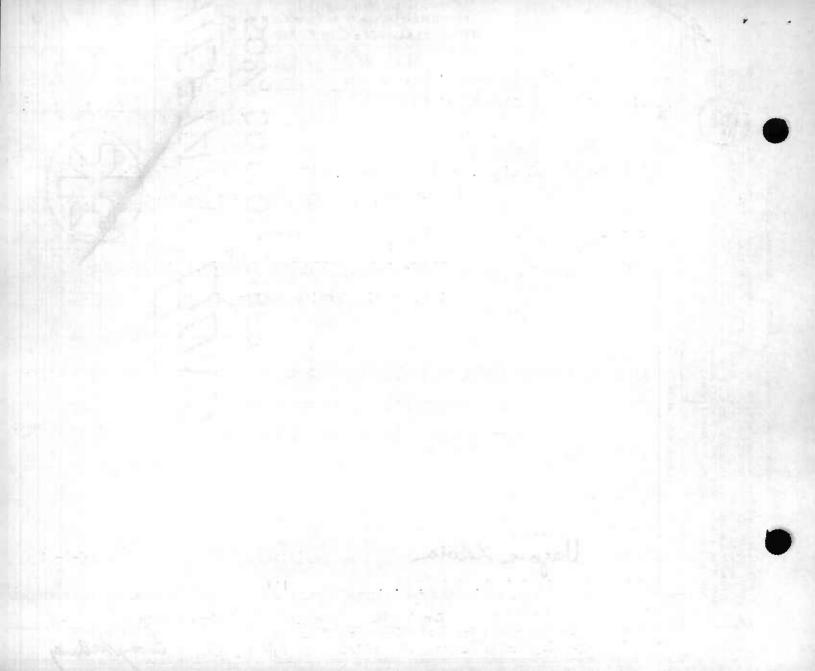
STATE OF MARYLAND

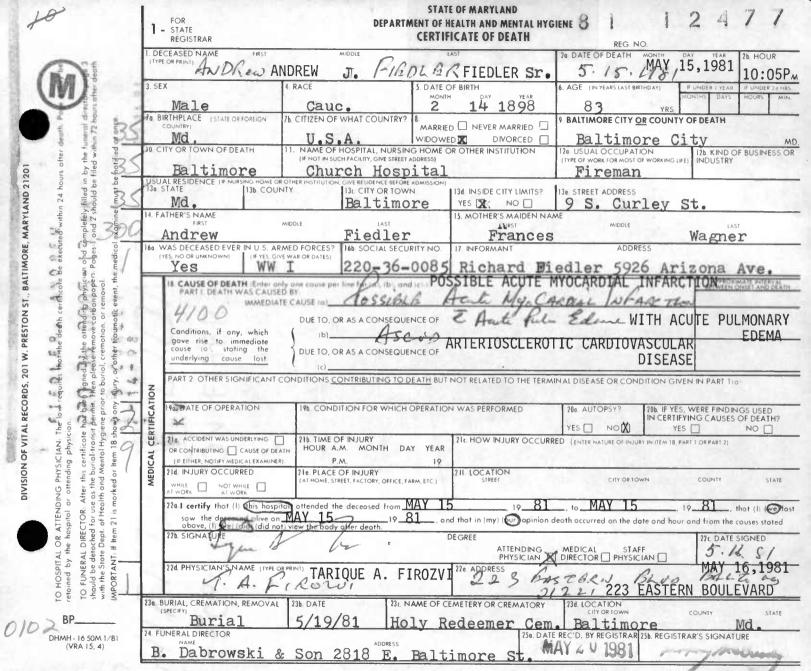


Item, 5, and 6, Fm. #556, 6/9/81



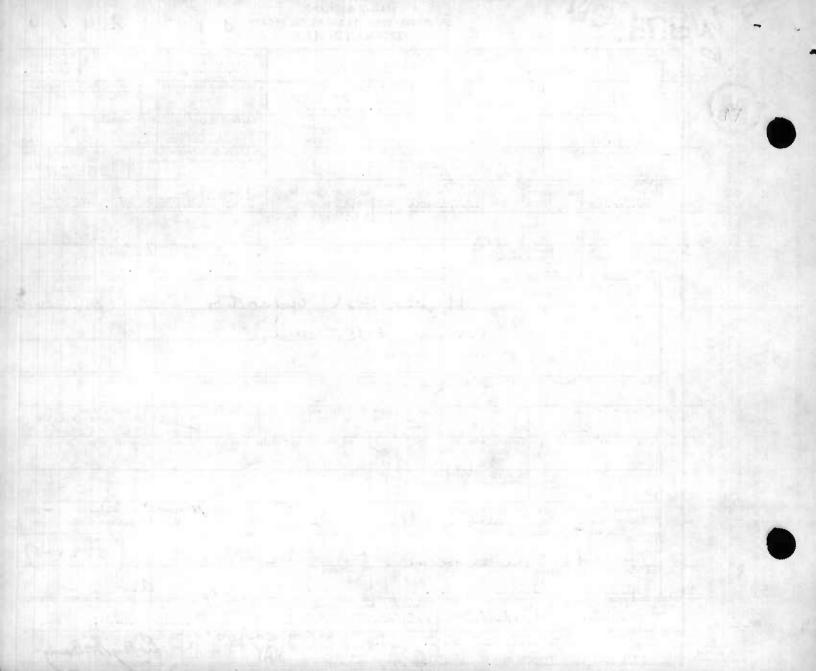
iki	FOR		T	DEPARTM	STATE ENT OF HE		ARYLAN		YGIENE	1	1	2	G. vi	7	6
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	DECEASED NAM	AE FIRST		WIDDIE		LA	AST		20		NOWN	HINOM	DAY	YEAR	26. HOUR
i '	TYPE OR PRINT)	Edna		M.		F	ethe		0.0	OF DEATH	MATED X	\$ 5	29	1981	
3. S	SEX	4. RACE	5. DATE OF BIRTH	16	AGE (IN YEARS	IF UND		IF UNDER 2	24 HRS. 20			MONTH	DAY	YEAR	2d. HOUR
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	FOREIGN COUNTRY)		U.S.A			MARRIE	D 🔲 NEV	VER MARRIE	DE		altimo	_		SAIN	AAD
10	CITY OR TOWN	OF DEATH	11. NAME OF HOS			R OTHER	RINSTITUT	TION	12a USUA	LOCCUP	ATION (TYP		126 KIN	D OF 8U	SINESS
	Baltimo	ore	3501 St.		Street-	Ant	317		Recep	st of work	ist,	Dr.	I. Z	eligi	nan
US 13a	UAL RESIDENCE STATE MD	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BI	EFORE ADMISSIONS		3d. INSIDE CI	TV LIMITES	13e. STREE	TADDES	c				
	MD	-		Balt	imore C	i ty	YESXX	NO 🔲	350	1 St.	Paul	St.	#3	17	
	FATHER'S NAM	E					5. MOTHE	R'S MAIDEN							
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160	WAS DECEASE	DEVER IN U.S. AR.	MED FORCES?		AL SECURITY N	0.	7 INFORM	THAN			ADDRESS	5		2115	7
	(YES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	215-0	07-8701		2519	Bird	view	ren Rd.,	Бірру	mins		<u>MD</u>	
	18 CAUSE C	OF DEATH (Enter on	ly ane cause per line										BETW	PROXIMATE	INTERVAL AND DEATH
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		ins, if any, which ise to immediate	(b)												
	cause (a	) stating the <u>under</u> -	<	AS A CONS	EOUENCE OF			_							
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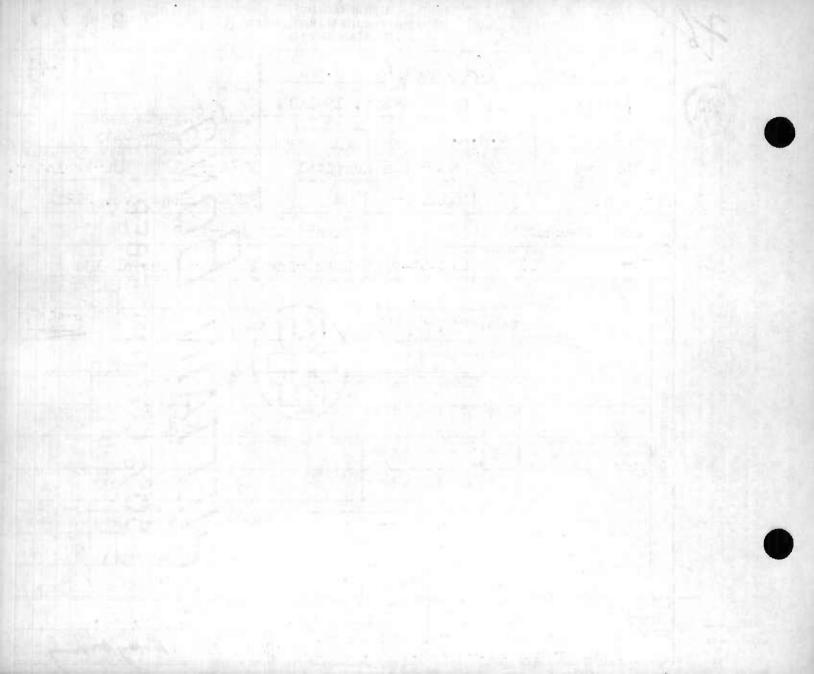




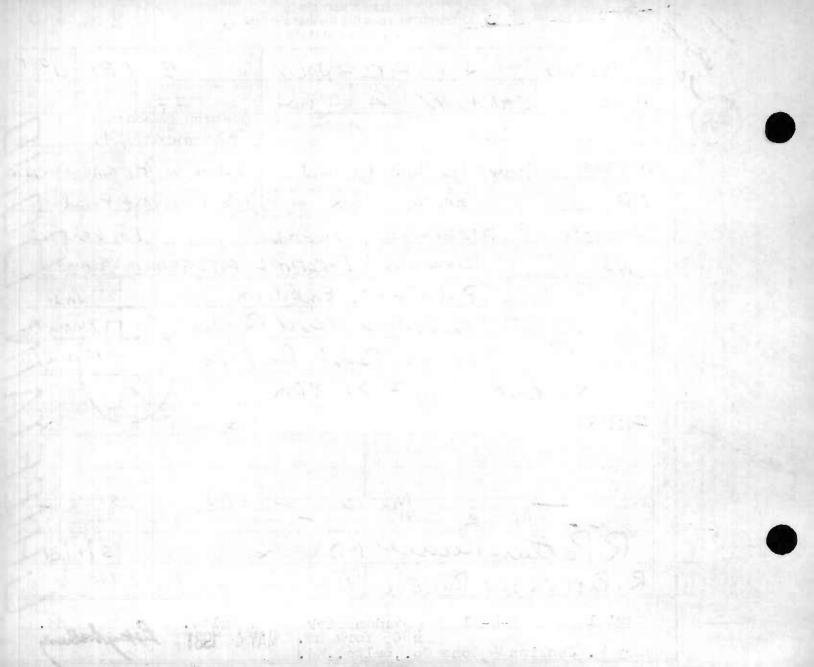
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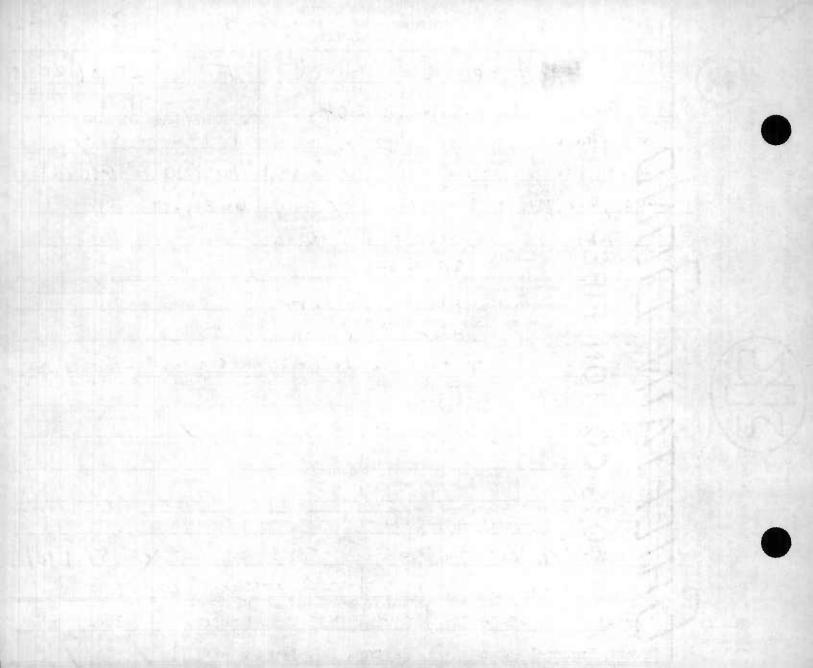


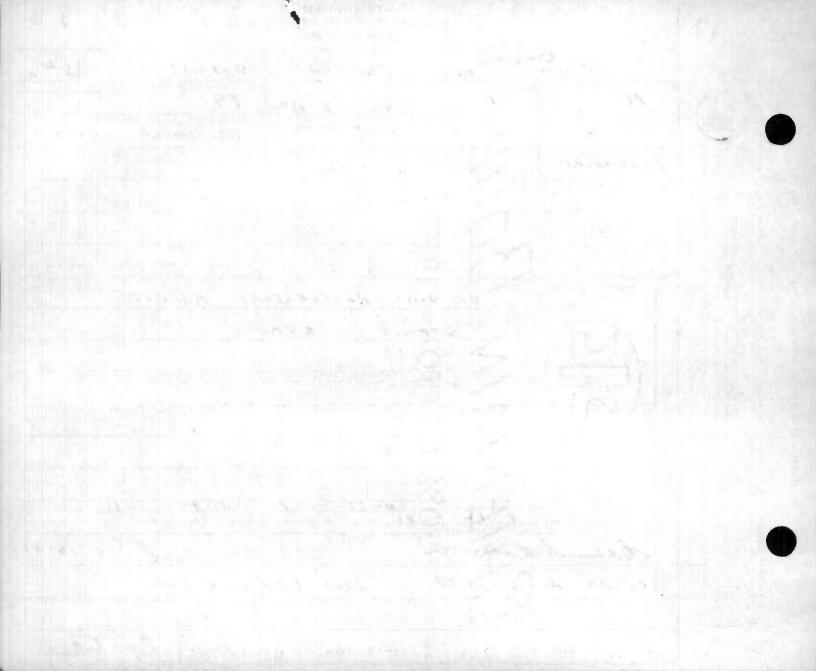


71	E	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN	10112480
10	P	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
200		CEASED NAME FIRST		DATE OF DEATH MONTH DAY YEAR 26 HOUR
oy be	3. SE	DELAND	J. FITZGERALD	5 /8/ /
64 g	3. 50	MAIE	CAUCASIAN S. DATE OF BIRTH DATE 19 YEAR 1.	AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS M
Poge	76.8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	BALTIMORE CITY OR COUNTY OF DEATH
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in the	USU	AL RESIDENCE (IF NURSING HOME O	name: 115 Tunbridge Road	PURCHASING AGT GASI EUC
filled ould be	130.	MD 136 COU	TY BACTO. 13d. INSIDE CITY LIMITS? 13	115 Thinbridge Road
within within all 2 sh	14. F	ATHER'S NAME	AIDDLE LAST 15 MOTHER'S MAIDEN NAME	MIDDLE LAST
9 60 000	160	CHARLES WAS DECEASED EVER IN U.S. AI	FTZGERALD MURIEL MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
e execui			WAR OR DATES! 212-05 6505 DOROTHY L.	FITZGERALD SAME
icini Frence		18. CAUSE OF DEATH (Enter o	y ane couse per less far (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DE-
rtificate physici onpaper emoval.		PART I. DEATH WAS CAUS	ECAUSE (0) PulmonARy Embolis	1475-
e death cerr e attending mave carbon latian, ar re traumatic e	1	9850	DUE TO, OR AS A CONSEQUENCE OF	1110
e deat mave anternation, traum		Canditians, if any, which gave rise to immediate	(b) congestiva / Team 19	17 mar
hat the by the ase rei I, crem ather		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF Renal Rais	luke 18 mont
uires thi signed E nen plea a burial, lury, ar a		PART 2 OTHER SIGNIFICANT		AL DISEASE OR CONDITION GIVEN IN PART 1 (b)
8	Ę	2,000	ONR Shoent, Rt Men	
nas been no permit.	CERTIFICATION	4 26/81	196, CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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HYSICIAN: Tiding physicial continuous physicial is certificate burial-transit and mental Hyginar Item 18 sh		OR CONTRIBUTING CAUSE OF DE	H HOUR A.M. MONTH DAY YEAR	
H A Page	MEDICAL	21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216 LOCATION STREET	CITY OR TOWN COUNTY STATE
\$ 2 5 6	~	AT WORK AT WORK	A	^ ~
TENDIN outal ar TOR: Aft for use a af Health		22a I certify that (I) (this hasp	of ottended the deceased from 19 and that in (my) (my) apinian dea	, ta 1724, 19 0 (, that (l) (me)
7 % 0 = -		obove, (I) (did no	view the body offer death.	th accurred on the date and haur and from the causes stated
the har tracked e Dept		27b. SNOTTO LINE	DEGREE ATTENDING	AEDICAL STAFF
by the by the ERAL D e detac State D	1	22d PHYSICIAN'S NAME (TYPE		AEDICAL STAFF IRECTOR PHYSICIAN 5/1/8/
TO HOSPITAL (retained by the TO FUNERAL (should be detained) with the State (IMPORTANT: If		R. PATTE		E RD, RUXTON, MD.
of of shape of the	23a.	BURIAL CREMATION REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY	23d LOCATION
BP		Burial	5-4-81 Loudon Park	Balto COUNTY STATE
DHMH-16 30M 2/80	24 F	JNERAL DIRECTOR	ADDRESS4905 York Rd 250. WAY	C'I. BY RECHT PAR 256. RECHT BEEN S SIGNAL
(VRA 15, 4)	I		Ins & Sons Co. Balto . Md.	2 1001



Host of the street





4	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MENT OF HEAL CERTIFICA		ENTAL HYG	NENE 8	).	2 4	8 4
age 3		CEASED NAME Andrew ANDREW	FLURY	Lury LAST			2c. DATE OF DEATH	MONTH DAY	. 81	HOUR GLSSPM
director, page, 3 hours after death	3. SE	Male	4. RACE White	5. DATE OF B		1909	6 AGE (IN YEARS LAST BIR			OURS MIN.
72 h	B	altimore, Md.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED		ARRIED .	9 BALTIMORE CITY O		F DEATH	MD.
by the iled will		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSH (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL	ADDRESS)		TUTION	IZO. USUAL OCCUPATI (TYPE WORK FOR MOS) O		12b. KIND OF E	
2 should be in	130. 5	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Maryland		one 13d	- 000	40 🗌		ison A	venue .	21213
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ne please remave carbanapaers. Ita burial, crematian, ar remaval. ijury, ar ather traumatic event, the	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF	B B DON			STOY STY	VIN PART 1(a)	
ental Hygiene prior ltem 18 shaws any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	^	AS PERFORM		200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES OF	S USED F DEATH?
the burnal-transit and Mental Hygie ed ar Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	TH HOUR A.M. MONTH D	AY YEAR 19	f LOCATION		ED (ENTER NATURE OF INJUR		COUNTY	STATE
kAL DIRECTOR: After In y detached for use as the state Dept. of Health and NT: If them 21 is marked		22a I certify that (1) (this haspi saw the deceased alive an abave (1) (we (did) (did no SIGNATURE	t) view the body after death.	DEG MC	GREE ATT	19 8 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19	, toS\_2 death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	ate and haur o		
TO FUNERAL E should be detain with the State E IMPORTANT: If		ROBERT S	XCHEPP MD	22	· ADDRESS	102	MEMORIA	ri 180	SPITA	
3 2	23a. E	Burial  Burial		NAME OF CEME			23d LOCATION CITYOR TOWN	Balto.	COUNTY M	STATE
0M 2/80 5, 4)	24_FI	S. NAMEZeilen & Son	n Inc. 901 SADDRESS			25a. DATI	REC'D. BY REGISTRAR	25a. REGISTA	Jay No	Bredy

The second notified the second of the second dela company and the same of t All the same Admin a many Willer A-to-L. . sices 'we are M. Lording Jr.

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			CEASED NAM	E FIRST		MIDDLE			LAST		20	DATE K	NOWN &		DAY	YEAR	Zb. HOUR
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	A SUBJECT OF THE STATE OF THE S	3. SE	Х	4. RACE	5. DATE OF BIRTH		6 AGE (IN Y		VDER 1 YR.	IF UNDER	24 HRS. 2c.	DATE		MONTH	DAY	YEAR	2d HOUR
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	PAGE STATE		Baltim		Provid	dent H	Hospit	al					RIVER		FRO	ZEN :	FOODS
	ON ST., BATTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY'S NÉCESSARY, PLEASE ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FONERAL DIRECTOR. ICONG WITH FORM PM. 3. RETAIN PAGE 5-FOR YOUR FILES. PREMMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS GIENE, DIVISION OF WITAL RECORDS, 20 WF PRESTON STREET, WAL.	13a. S	AL RESIDENCE STATE ARYLANT	(IF IN NURSING HOME O		13c. CITY	OR TOWN		13d INSIDE C	ITY LIMITS?	13e. STREET	ADDRES		OTTA	MTT	CO 4:	VENUE
10.7	MD. 2 1, 2, 6 1, 2, 8 1, 2, 8 1, 2, 8 1, 3, 1, 8 1, 4, 8 1, 4, 8 1, 4, 8 1, 8 1, 8 1, 8 1, 8 1, 8 1, 8 1, 8 1		ATHER'S NAMI			DAL	TELEVO	1	1	ER'S MAIDE	NNAME		2010	QU A	TALT	CO A	VENUE
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11,35	AOR RAGE NOV	160.	WAS DECEASE	DEVER IN U.S. ARA			CIAL SECURI	TY NO.	17. INFORA			Al	ADDRESS		P	OWEL	4
	BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PY PAGES 1 ANI IVISION OF V	()	YES, NO, OR UNKNO	OWN) (IF YES, GIVE V	WAR OR DATES)		??		MRS.	DORI	S FLY	THE	1650	MORE	LAN	D AVI	ENUE
	ST. B		18. CAUSE C	OF DEATH (Enter and	3 DV					- 4					BETV	PPROXIMAT	E INTERVAL T AND DEATH
	PRESTON ST., ITHIN 24 HOUF CIL IN ITEM 18, KER ALONG W ALR ALONG W AL HYGIENE, D REMOVAL.	13	110		TE CAUSE (a) AT		oscler		Cardio	ovascu	lar D	isea	se				
100	IN I		4 di	ins, if any, which	DUE TO, OR	AS A CON	NSEQUENCE	OF									
	WITHIN NCIL IN NINER A NINERA NINERA NINERA A NINERA A NINERA NINERA A NINERA NINERA NINE	-	gave ri	ise ta immediate	(b)												
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	ITAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR BRD "PENDING" IN FENCIL IN ITEM 18. "HIE MEDICAL EXAMINER ALONG W. USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D. RIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER S	IGNIFICANT CONDITIONS		BUT NOT RELA	NTED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PAR	T 1 (a).						
	ULD A ED A HEA HEA HEA	1 \$	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPE	RATION V	VAS PERFOR	MED?					2D A	UTOPSY	?
	SHOULD ORD "PE CHIEF A SE USED A HELE A UNIAL, ()	E													,	YESXX	NO 🗌
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	DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL  EXECUTE THE CERTIFICATE, WRITING THE WORD. Y  ANGE 4 SHOULD BE FORWARDED TO THE CHIEF  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED  AFTER DEATH, WITH THE STATE DEPARTMENT OF HE  BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	21d. INJURY C	NOT WHILE	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION STREET		C	ITY OR TOW	И	со	YINUY		STATE
	EXAMINER: TI CERTIFICATE, JLD BE FORW DIRECTOR: P. WITH THE ST.			ify that I taak charg	[V]			Autop		Inspection		Inquiry		d in my a	pinian		344
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	PAGE PAGE	23a. B	BURIAL, CREMA	TION, REMOVAL 2	<u></u>		NAME OF CE	METERY C		ORY	23d. LOCA						
	BP BP	{	SPECIFY) BU	RIAL	5/8/81	S	HILOH	BAPTI	ST CE	METER		KINS	(SOU	THAM	PTON	I) VÃ	TATE
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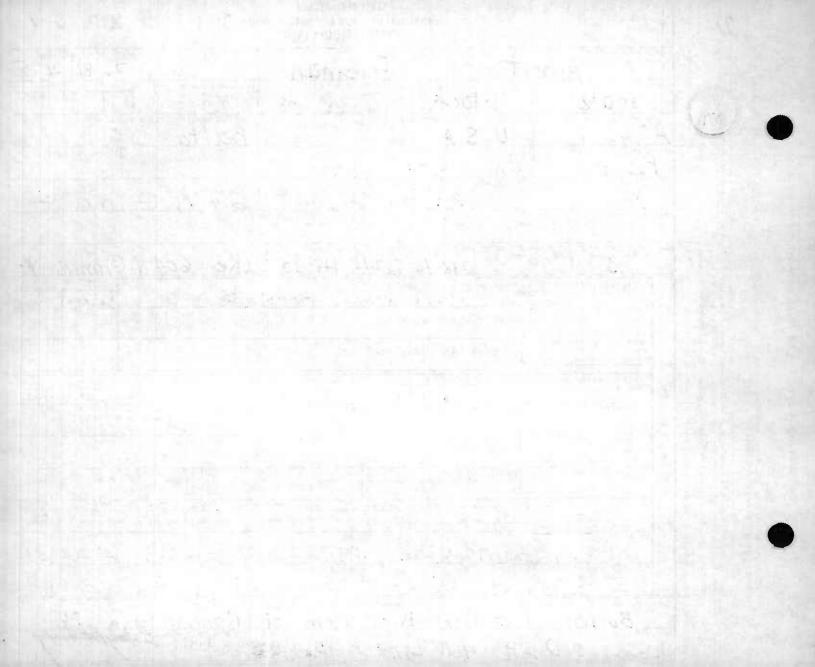
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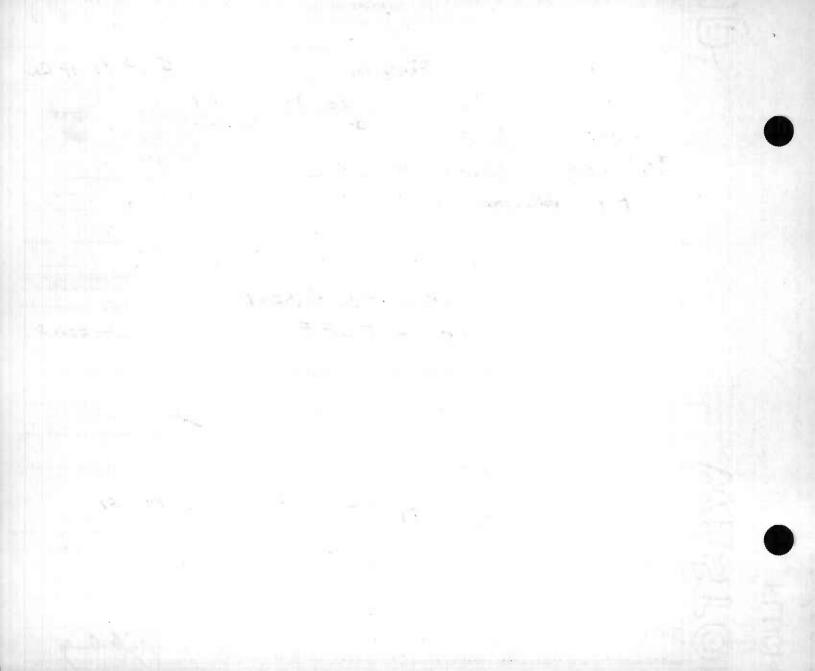
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		1		S1	ATE OF MARYLAND			
	1)	1	FOR STATE	DEPARTMENT	F HEALTH AND MENTAL HYGI	ENE 8	124	3 /
		1.	REGISTRAR	CER	TIFICATE OF DEATH	REG. NO		10.07
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	le ot	15	alto, M.		WED DIVORCED	Balto.	(ity	MD.
	1 11 1	10 C	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA		120 USUAL OCCUPATIO		The same of the sa
-	DX BX		00/10	INOT IN SUCH FACILITY, GIVE TREET ADDRESS	Hich.	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
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I A	g 34	10.0	ATRERS NAME	172-10.	YES NO 15. MOTHER'S MAIDEN NAM	604 N.	Gilmor	OT.
MARYLAND		1		DDLE LAST	FIRST	WIOOFE	LAST	
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J. SE.	Affect and conference		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y		D. 17. INFORMANT	ADDRES		01
BALTIMORE	9 9 4		NO	218-16-72	144 Hilda 4	ocke 60	4 N. Gilmon	2 4
ALT	7 2 7		18 CAUSE OF DEATH (Enter only	y one couse per line for (a). (b) and (c)		Α	APPROXIMAT BETWEEN ONSE	EINTERVAL
	physici pnyaper emavol.		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c) BY: CAUSE (a)	ma prost	2 6	Severa	0
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OR C	een si een si ior to y inju	è	THE ASSESSMENT OF THE PARTY.	a ortic	STENOSIS		several	uvs.
DIVISION OF VITAL RECORDS,	4 5 6 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS	USED
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ō	NDING P l or after the set the							
			220 I certify that (1) (this hospital	ol) attended the deceased from	, 17	_, to _May		(I) (we) last
	R ATTEN hospital IRECTOR hed for up ept. of Hem 21 is		saw the deceased alive an above. (I) (we) (did) (did nat)		, and that in (my) (our) opinion do	eath occurred on the date	e and hour and from the caus	ses stated
	He de he		27h SIGNATURE	11/2,	DEGREE		22c. DATE SIG	NED
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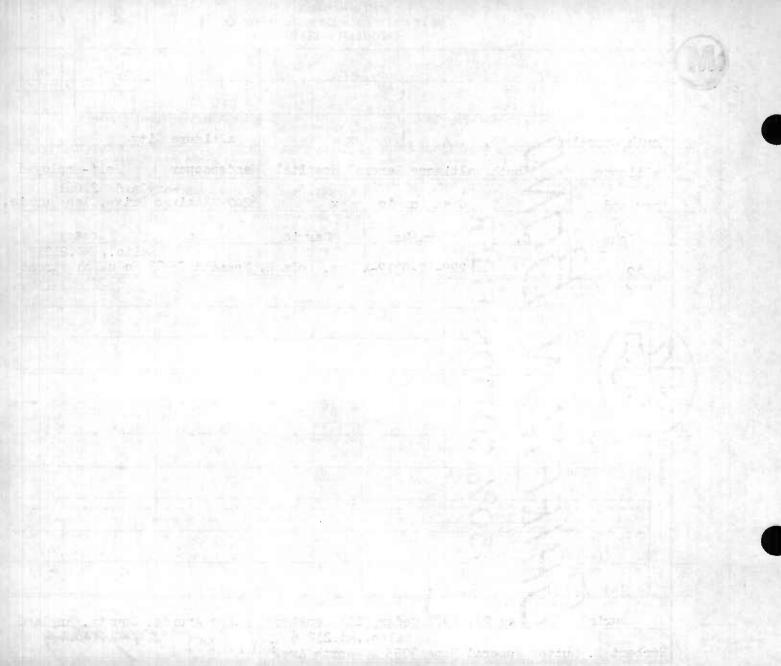
Podestino Valentis A the second of the second of the Street Make Talling A continue a history or the state of the same the state of the s or the most of the state of the same William L. Marie F. M. 167 P. 1686 H. Brown - Link J. S. 1887 P.



10	1	FOR STATE REGISTRAR		STATE OF M DEPARTMENT OF HEALTH CERTIFICAT	AND MENTAL HY	GIENE 8 REG. NO.	2 4 9 0
o m =		CEASED NAME FIRST	MIDDLE	LAST	6.0	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oode deor		HARRY		FRAMPTON	SR.	MAY 5, 1981	6:35
Soffe Soffe	3. SE	M	WHITE	5 DATE OF BIRTI	4-1898	6 AGE (IN YEARS LAST BIRTHDAY)  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deoth.		COUNTRY) MD.	U.S.A	MARRIED WIDOWED	NEVER MARRIED	BALTO . C.	Y OF DEATH
the f	2	SALTO.	CHURC	H HOSP	ER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS O INDUSTRY
within 24 hours in the state of	130	AL RESIDENCE (IF NURSING HOME OR O STAMPO	THER INSTITUTION GIVE RESIDE Y		ISIDE CITY LIMITS?	13 Arrest ADDRESS 57	REEDER ST
AM bed and 2000	14. F	HOWARD E	PRA.	MPTON 15 MC	MOLL MAIDEN NA	ME MIDDLE	NAGLE
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ST., ertific g phy on por remo	7	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	CAUSE (a) INTR	PACTABLE VE	4	R TACHYCARDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DING PHYS  DING PHYS  or ottending  After this or  e os the bur  oith ond Me	MEDICAL	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
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OR OR DIRE		Winder Ha	1	am, Mo	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	S ST ST ST
TO HOSPITAL retained by the TO FUNERAL stabuled be det with the Store MAPORTANT: 1		WYNSTON HE WILL	1 1 1 1 1	my 40	Church	1 92 by 100	ORPORATION N. BROADWAY
101 BP	1	BURIAL	236. DATE 5-8-81	CARDENS C	of FAITH	CITY OF TOWN	AUTO MAD
DHMH - 16 50M 1/81 (VRA 15, 4)	7	HOMAS J. SI	KARDA FH	10DRESS2829 HUD	SON STAN	E REC'D. BY, REGISTRAR 256, REGIS	TRANSSIGNATURE

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1 1.	FOR STATE REGISTRAR					ARTIAND I AND MENTAL H CERTIFICATE C		1	2	4 9	3
	ECEASED NAME YPE OR PRINT)	FIRST Editl		MIDDLE	Ful1e	LAST	2a. DAT	REG. NO TE KNOWN ESTI- TH MATED	MONTH	22 81	2b. HOUR
3. SI	x Eemale	RACE white	5. DATE OF BIRTH		BIRTHDAY) MONT		MIN: PRONC	ATE DUNCED AD	MONTH 5	22 NO SEAR 22 81	2d. HOU 4:1
	BIRTHPLACE (STA FOREIGN COUNTRY)	TE OR	76. CITIZEN OF WH	AT COUNTRY?	1.0	ED NEVER MARR	IED 📙	Baltim		City	pin
10. 0	Bal timore		II. NAME OF HOS	Agnes H	HOME, OR OTH DRESS) O <b>spital</b>	er institution	120 USUAL OC FOR MOST OF V	WORKING LIFE)	PE OF WORK	0R INDUST	ISINESS RY
13a.	JAL RESIDENCE (II STATE Maryland	NP CON.	ROTHER INSTITUTION, GIV TY Ward	RESIDENCE BEFORE 13c. CITY OR TO Hand	NWN	13d. INSIDE CITY LIMITS? YES \to NO \text{\tin\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\text{\text{\\text{\ti}\text{\text{\text{\text{\text{\text{\ti}\text{\text{\tex{	13e STREET ADI	DRESS	Lane	, 21076	
)	ATHER'S NAME FIRST Claude		WIDDLE	Estes		15. MOTHER'S MAIDE FIRST Mamie	EN NAME	WIDDLE		LAST Haines	
60	WAS DECEASED YES, NO. OR UNKNOW NO.	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SE		17. INFORMANT  Melvin Fu	ller 62	ADDRESS 70 Wint	nan	over, Md	•
NC	gove rise couse (a) s lying couse		(c)	AS A CONSEQUI UT NOT RELATED TO T Scle		OR CONDITION GIVEN IN PA	RT I a.				
CERTIFICATION	19a. DATE OF C					AS PERFORMED?				20 AUTOPSY	NO [X
MEDICAL CE	21d. INJURY OC	OR G CAUSE OF D	P.M. 21e PLACE C	MONTH DAY  FINJURY (AT HORY, FARM, ETC.)	YEAR 19 DME, 21f LO	CATION TREET		F INJURY IN ITEM 18		OUNTY	STATE
	AT WORK	AT WORK that I took charg	e of the remains desc	ribed obove, hell Accident ,	Suicide	Homicide TITHE (SPECIEV)	Undetermined  nt  MEDICAL EX	monner .	DATE SIGN	5/2	3/81
230.	EXAMINER'S N (TYPE OR PRIN'	1/	mez R. Gu		OF CEMETERY O	111 Pen	n Street	,Balto.			
	(SPECIFY)  Burial  FUNERAL DIRECT		05-26-81			Mem. Pk.	Elkrid	ge How	ard	Maryla	nd
H	ubbard F	uneral H	ome, Inc.	4107 Wi			25 198	0	land	fra Porce	3

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)	1.	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	12	494
PAS OF STREET	(1YP	CEASED NAME FIRST	18 BA	BY BO	2 Y	20. DATE OF DEATH	MONTH DAY YEAR	1 10 40 485 A
Page 4 m director, p hours offer	3. SE	MALE	T. RACE /3	5. DATE (		6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YE MONTHS DA	
orth. Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DEATH	MD.
rs after dec	10. C	C174	11. NAME OF HOSPITAL,		ADSP	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		D'OF BUSINESS OR
24 hou suld be must be	USU 13a	AL RESIDENCE (IF NURSING HOMEOR STATE 136, COUN	ITY 13c_CITY C	or town	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	2816 S.W.	59th Apt 200
ampletely and 2 sh	14. F/	LEDVARS	MIDDLE 61	9125	15. MOTHER'S MAIDEN NAM	E DIE	1/2	CAINES
oe execute n and con Poges 1		VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours cattending physician.  After this certificate been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  Orked or them 18 shows any injury, or other traumatic event, the medical examiner may be in the and mental process.	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)	nsequence of	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PART	1(0)
ne law re an. has beer permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
PHYSICIAN. Thending physicic this certificate the burial-transit and Mental Hygis dor them 18 sho	MEDICAL CER	710 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CONCONTRIBUTING COLOUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MON	19	21c. HOW INJURY OCCURRI		TY IN ITEM 18, PART 1 OR PART	
1. OR ATTENDING the hospital or attitue hospital or attitue transported for use as the Dept. of Health or e Dept. of Health or if them 21 is market.		WHITE AT WORK NOT WHITE AT WORK AT WOR	ew the body ofter death	from	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	medical STAR	22c. DA	the couses stoted
TO HOSPITAL etoined by the TO FUNERAL should be detived the Store with the Store important:		1911	VIEL 1	MD	22e. ADDRESS	Mx.	Host.	
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	236. DATE 5/15/81	231. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR Anatomy Board	Balto.,	™d.	250	RECO. BY REGISTRAR	25b. REGISTRAR'S SIGN	IATURE

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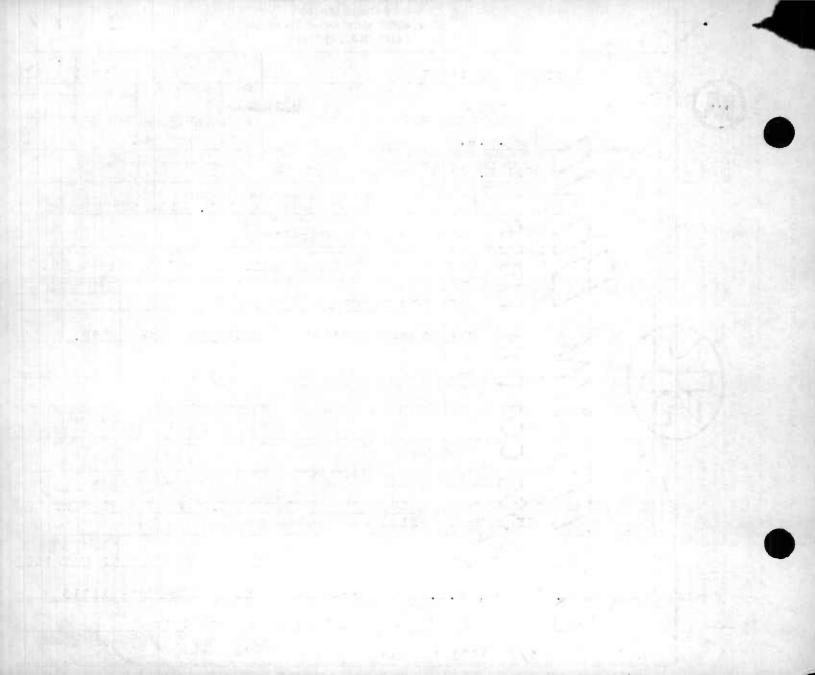
	1	FOR STATE	DELY OLYNOI B	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 1 1 2 4 9
2000		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
1	I. DE	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	28. DATE OF DEATH MONTH DAY YEAR 28. HOU
page 3		GARN		GAITHER	MAY 26,1981 2:42
ter d	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER ) YEAR IF UNDER MONTHS DAYS HOURS
rage irecto irecto once		Female	Negro	1 3 DAY YEAR 24	57 YRS.
meral di 72 hou		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNT USA	RY?   MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY
by the fued within		Baltimore	JOHNS HOPK	NS HOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
within 24 ho tely filled in should be fill examiner mu	USU 13a	AL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE E	FOR ADMISSION TO WILLIAM TS?  TO WILL ADMISSION TO THE CITY LIMITS?  TO YES [X] NO	130. STREET ADDRESS 706 Peach Orchard
	14. F/	THER'S NAME	uppie i.e.	15. MOTHER'S MAIDEN NA	AME
comple t and 2	H	enrv	Cono	way Mary FRST	Johnson
0	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS
the r	- {	ES, NO OF UNKNOWN) (IF YES, GIVE	WAR OR DATES) 216-1	8-0987 M's Gloria	M. Shields 2127 Aiken
e has been signed length been signed length bernals shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		10 DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?  700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT.
an. Tagith	ERT	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71/ HOW INTURY OCCUR	YES YES NO YES NO CRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
rysicia certifi trans ntal H		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	(ENTER NATURE OF INJURY IN TIEM 10, PART 1 OR PART 2)
this certi urial-trar Mental I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION	
After this of the burial thank Men	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) STREET	CITY OR TOWN COUNTY ST
A A A STE		22e.1 certify that (I) (this hospit	tally assessed all the alarmout for	- 37/3	F121181
T Heso		saw the deceosed alive an above, (1) (we) (did) (did not			death occurred on the date and hour and from the causes sta
- 10 5 - 5		above, (1) (we) (did) (did not 27b. SIGNATURE	View the body ofter death.	7 DEGREE	226. DATE SIGNED
IRECT Id for it pt. of Item 2		~ /	0 1.0	ATTENDING	_ MEDICAL _ STAFF \$
he hospital L DIRECT ached for u e Dept. of T: If Item 2		n11.			
RAL Setac Setac tate (		274 PHYSICIAN'S NAME ITUDE OF	er bece		DIRECTOR PHYSICIAN 3/26
RAL Setac Setac tate (		224 PHYSICIAN'S NAME (TYPE OF	EL GOCAN	D ITE ADDRESS	1. Dept of of lyi
retained by the TO FUNERAL should be detect with the State I IMPORTANT:	23a. E	MICHA URIAL, CREMATION, REMOVAL	EL GOCAL 1236. DATE	172 ADDRESS  JH. F	23d. LOCATION COUNTY STA
RAL Setac Setac tate (	(	MICHA-	EL GOCAL 1236. DATE	234 NAME OF CEMETERY OF CREMATORY HOLLY Hill Cemete	Dept of obligi

and handerd death 9.7 

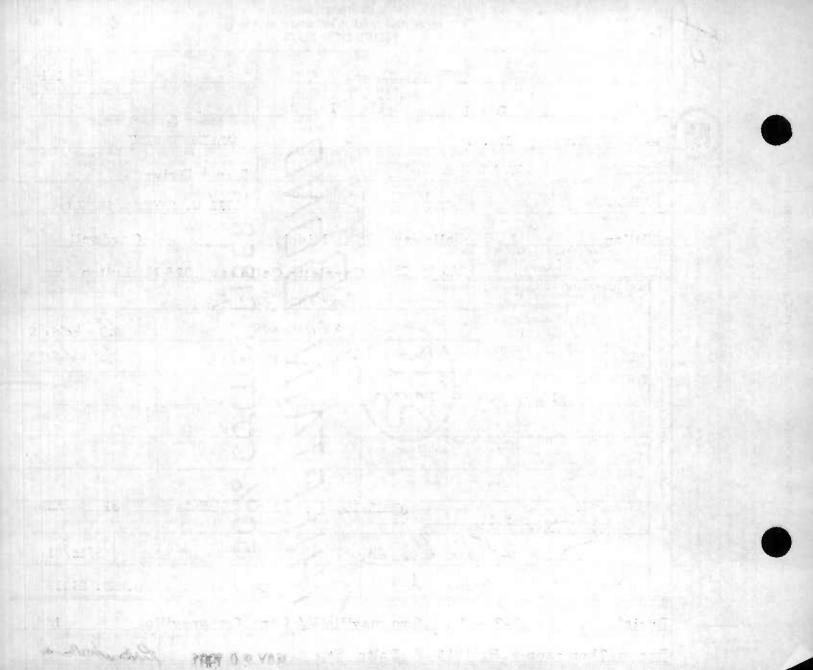
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GA		CEASED NAME FIRST	1 EODOR	MIDDLE	A. A.	THER	20. DATE OF DEATH	MONTH DAY YEA	8.07 P.M
	3. SE		4. RACE	B	5 DATE C		6 AGE (IN YEARS LAST BIR	MONTHS D	YEAR IF UNDER 24 HRS DAYS HOURS MIN
eath. Per neral dilin 72 ha		RTHPLACE (STATE OR FOREIGN S.C.	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C	COUNTY OF DEAT	H MD.
by the furnitived of	10 C	BALTIMORE		HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIN	ND OF BUSINESS OR
filled in Enough be fr	130 5	MD.	ME OR OTHER INSTITUTION OUNTY	13¢ CITY OR BALTI	TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 4129 Callo	oway Ave.	
ed withing and 2 sh	14 F/	ABRAHAM	MIDDLE	GAT'	THER	JANNIE	AME	МС	OORE
	160 \	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)		SECURITY NO. 0-9390	JAMES F. GA	AITHER 3714		νE.
ING PHYSICIAN. The law requires that the death certificate be executed the serificate physician and constitutes the serificate has been signed by the attending physician and constitutes certificate has been signed by the attending physician and constitute briefly permit. Then please remove carbon papers. Pages lith and Mental Hygiene prior to burial, cremation, ar remaval. acked or them 18 shows any injury, or other traumatic event, the medical	Z	Conditions, if any, which gove rise to immediat cause al, stating th underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, C	OR AS A CONS		NOT RELATED TO THE TEI	RMINAL DISEASE OR CON	IDITION GIVEN IN PAR	RT No
ne faw rec on. hos been permit. T ene priar t	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES [	
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OR ATTEND e haspirol o DIRECTOR. / Inhed for use Dept. of Hea		220.1 certify that (I) (this b sow the deceased aliv above, (I) (we) Idial (di 22b. SIGNATURE	e on \$72	y after death.	.19, o	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	22c. C	that (1) (we) lost in the couses stated DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determined with the State MPPORTANT; It		ARUNA	A	iende 10	CAP.	22e ADDRESS NO	RTH CHAS HAS ST. 3	GEN HOS BALT. MD	21218
5/1BP		BURIAL, CREMATION, REMO	236. DATE 5/9/8	21	100	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY	STATE S. C.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR				25a. D	ATE REC'D. BY REGISTRAN	256. REGISTRAR'S SIC	



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



		400				E OF MARYLA		13		0 4	0 2
5	1.	FOR STATE REGISTRAR		DEPAR		ICATE OF D			EG. NO.	6 4	7 0
4		CEASED NAME FIRS		MIDDLE		LAST		20. DATE OF DEA		DAY YEAR	26 HOUR
ge 3			HARLES	HENRY	GALLO	VAY			. 5	14 81	1:10P M
Now Now	3. SE	X	1 RACE			OF BIRTH		S. AGE INVEAUN	A T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Poge 4	1	MALE	B1a	ack	I 1	DAY	26	1/5	3 YRS		HOURS MIN.
		IRTHPLACE - (STATE OR FOREIGN		F WHAT COUNTRY	(? 8	D NEVER M	APPIED T	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	
I WI		ADISON, N.C.	U.S.	Α.	WIDOW		ORCED	BALTIM	ORE CIT	Y	MD
11 13		LT IMORE		F HOSPITAL, NURS UCHFACILITY, GIVE STRE DICAL CEN		OR OTHER INST	ITUTION	12a. USUAL OCC (TYPE OF WORK FOR: Truck	MOST OF WORKING	GUFEL INDUSTRY	
Par Par	130.	AL RESIDENCE (IF NURSING HO STATE IARYLAND	ME OR OTHER INSTITUTION	134. CITY OR TO	WN	13d. INSIDE CI	TY LIMITS?	13e. STREET ADDR	RESS	TE STREE	r.m
a le	14. F.	ATHER'S NAME			JKE	15. MOTHER'S			. FAILI	IE SIKEE	ı.l.
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S Too	160.	<b>Villiam</b> WAS DECEASED EVER IN U.S		Gallow 166 SOCIAL SEC		17 INFORMAN	nnie	A	ADDRESS	Cardwel	
n and co			ES, GIVE WAR OR DATES)  OREAN	245-30-	3586	-		11	005 N	T-14	A
icion ers. I		18 CAUSE OF DEATH (Ent				Carale	tte Ga	lloway	825 N.		
ohys novo ent,		PART I. DEATH WAS CA	AUSED BY:	er inie for (al, (bl, c	and (e ii)	SEPT	7c 5	HOCK		BETWEEN	ONSET AND DEATH
ing p		1101 MME	DIATE CAUSE (a)_								
rend e co on, o		Canditians, if any, which		OR AS A CONSEQ	UENCE OF	PUEL	MONI	A		13 4	ECKS
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by the		cause (a), stating the underlying cause las	I DUE IO.	or as a conseq	UENCE OF	PHEU	ONEPH	A IRITIS		Lh	eeks.
pleo prio ,		PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT				CONDITION	IVEN IN PART 16	
Signal Then to by nijury	NO	A		-	LURE	THO I NEED TO	TO THE TERM	III AE DISEASE OK	CONDITION	SIVEN IN CARL IN	San St.
prior ony	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHIC	- 4	N WAS PERFOR	RMED	20a AUTOPSY	20b. IF Y	ES, WERE FINDIN	IGS USED
w app a	Ę							YES NO. NO	_	TIFYING CAUSES	
ding physicial s certificate h burial-transit f Mental Hygies or frem 18 shay	SE SE	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW INJ	URY OCCURE	RED (ENTER NATURE C		8 PART I OR PART 2	
centification of ph	¥	OR CONTRIBUTING CAUSE O	or or all	A.M. MONTH P.M.	DAY YEAR						
or the	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY		211. LOCATIO	N		ORTOWN	COUNTY	CTATE
After the eas the alth and marked	Z	WHILE NOT WHILE T	[(AT HOME,	STREET, FACTORY, OFFICE	FARM ETC.)	STREET		CIII	ORTOWN	COONT	STATE
or Aft mort		220.1 certify that (this I	naspital) attended	the deceased fram	APRTL	16.	19.81	to_MAY	14.	1981	thaXX (we) last
oital TOR For u		saw the deceased alivabave XIXI we) (did) XI	SOLMAY 14	19,	81	nd that in (XX)	aur) apinian	death accurred on	the date and h	our and from the	causes stated
REC REC Ppt. cept.		22b. SIGNATURE	NAOL VIEW HE BOO	y after death.	1100	DEGREE				22c. DATE	SIGNED
the of the or		>	- XX	he de	- M	A1	TENDING	MEDICAL DIRECTOR P	STAFF XX	5/15	5/81
etoined by TO FUNERA Should be de with the Stot		22d. PHYSICIAN'S NAME (	TYPE OR PRINT)	//	-	22e. ADDRESS		J DIRECTOR [_] PI	113ICIAIT []		
retained by		Scott D	PRIED	MAN)	AL	3900 1	OCH R	AVEN BLVE	BALT(	D. MD. 21	218
of of the Management of the other of the oth	720	BURIAL, CREMATION, REMO			NAME OF	EMETERY OR C		23d. LOCATION			
20		(SPECIFY)						CITY OR TO	WN	COUNTY	STATE
)F		urial UNERAL DIRECTOR	5-20	-01	rowns	sville v		Crown		ISTRAR'S SIGNAT	1:10P M  TEAR FUNDER 724 HRS  AVS HOURS MIN.  H  MD  ND OF BUSINESS OR  TRY  REET  LAST  THE CONSTRUCTOR OF
H-16 30M 2/B0 (VRA 15, 4)		rown/Thomps	TO TE	ADDRESS	D - 14	- C.					
	D	rown/inomps	son r. H.	1913 W	. Dait	o. Dt.	MAN	OF 0 1005	The second	ACTION!	Britany



84 80 1 Notes A STATE OF THE STA La A La m meetily it uses streptished in monthly and 1512 N. By See Marie The second second 215-19-4-67 Marca Franking agris, N. F. Eggestraff made total CHESTER SHELLS WEST WEST OF THE PROPERTY OF THE PARTY PARTY. Comment of the note, North Acon My 12 1981 - Kappy Student

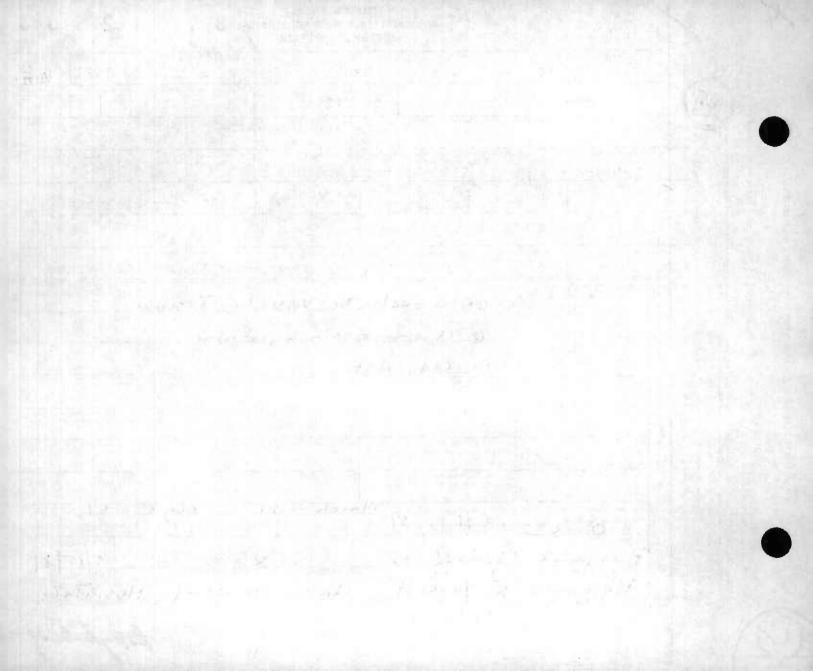
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4) 1/79

Action of the second se THE STATE OF THE PARTY OF THE P SAR MINISTERS (SEE A) PRACTICAL CO. The motion of owner will was to the COLLINE STOTES HOLD MEAN BROKEN The of said the 322 A Hop St. was a second all all

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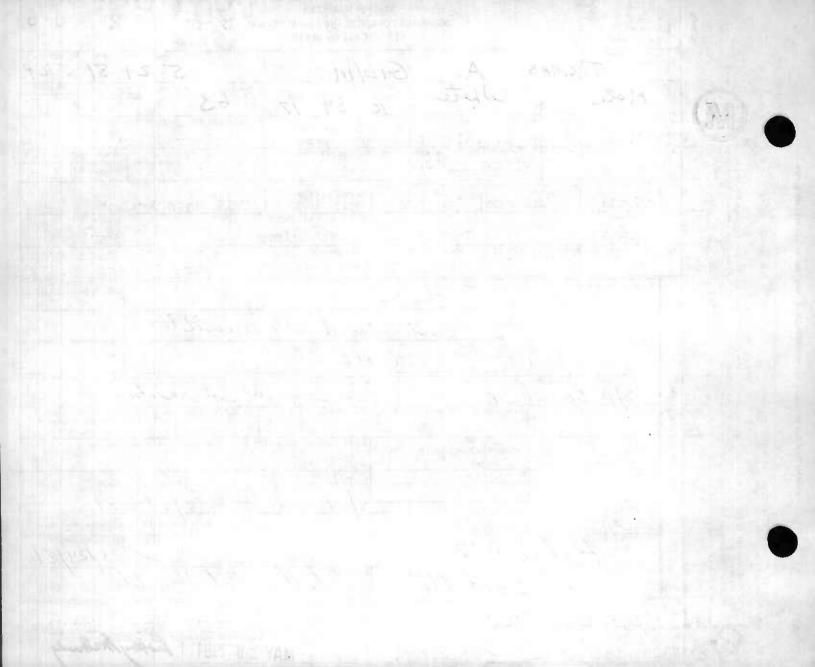


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3	1	FOR - STATE REGISTRAR	DEPAR	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	10.	2 5	0 5
nay be page 3	1 DE	CEASED NAME FIRST	WIDDLE	G	bbs	28 DATE OF DEATH	MONTH DAY	8/	3:35 P
may	3 SE	Male	White	MON	ne 29 1920	6. AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER 24 HRS HOURS MIN
		IRTHPLACE (STATE OR FOREIGN OUNTRY)  N.C.	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	BALTIMORE CITY			MO
over the the	10 0	Salto-	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Worker	ION OF WORKING LIFE)	12h. KIND O	F BUSINESS OR
hin 24 hou hin 24 hou hould be file		AL RESIDENCE (IF NURSING HOME OF STATE N. C.			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		00115	prucoro
Curred with		Cassious C	Clay Gibbs		IS. MOTHER'S MAIDEN NA FIRST  Jennie	MIDDLE		Spen	cer
certificate III execute Execute Execute III execute II	160 \	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN! (IF YES, GIN NO	E WAR OR DATES	=8769	Twilford	ADDR F. H. Eli	zabeth		W N C
aw requires that the death certificat een signed by the attending physici. Then please remove carbon papers. or to burial, cremation, or removal. any injury, or other traumatic even	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (S. C. S.	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO	DUENCE OF	Lyocar dial	Intered	TOTA	IN PART 1(c	21
s b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO		200 AUTOPSY?	20h: IF YES, WIN CERTIFYIN	IG CAUSES	OF DEATH?
DING PHYSICIAN: The trending physician. After this certificate has the burial-transit perm th and Mental Hygiene marked or Item 18 sho	MEDICAL CE	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTH'S MEDICAL EXAMINER) 216. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	DAY YEAR 19	211 LOCATION	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
ALCA ATTENDI		220.1 certify that (I) (this hospi	ital) attended the deceosed from	C. /	nd that in (my) (our) opinian	death accurred an the d	7		
TO HOSPITAL OF ATTENIngrained by the hospital or at TO FUNERAL DIRECTOR: Should be detached for use as with the State Dept. of Healinghormann: If Item 21 is		22d. PHYSICIAN'S NAME LYPEO	My ace	~	ATTENDING PHYSICIAN [	MEDICAL STA	FF	5-	7-81
BP TO F	- 1	BURIAL, CREMATION, REMOVAL SPECIFY; emoval-Buria]			EMETERY OR CREMATORY  awn Mom. Pk.	234 LOCATION CITY OR TOWN Elizabe	th Cit	16.1	N.C.
DHMH-16 25M (VRA 15, 4) 1/79		uneral director  name  enry W. Jenk:			OKALIU .	E REC'D. BY REGISTRAR AY 8 1981	25b. H	7.00	Buch

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1 SEX	-	WILLI	5. DATE OF BIRTH	6. AGE (IN	GII		UNDER 24 HRS.	DEATH MATE	MONTH	DAY YEAR	420 20U
mal	.e	black	1 26	03 78			OURS MIN.	PRONOUNCED DEAD	5-11	. 81	
FOREI	HPLACE (STA		16. CITIZEN OF WH	IAT COUNTRY?	8. MARRI WIDOW		MARRIED	9 BALTIMORE C	ore City		M
10. CITY	OR TOWN C	OF DEATH	11. NAME OF HOSI	PITAL, NURSING HO	ME, OR OTH		IZa. US	UAL OCCUPATION MOST OF WORKING LIFE	TYPE OF WORK	OR INDUST	USINESS
USUAL I 13a STA		IF IN NURSING HOME O		13c. CITY OR TOWN		13d. INSIDE CITY I	LIMITS?   13e STR	REET ADDRESS Allend	ale St	reer	
	HER'S NAME		WIDDLE	LAST		FIRST	MAIDEN NAMI	MIDDLE		LAST	
Jin	n	EVER NI		Gill	2000	Mary 17. INFORMAL	NIT		Mass	senber	g
{YES,	NO. OR UNKNOV	EVER IN U.S. ARA	MED FORCES? WAR OR GATES)	240-07-				11 112		ale St	reet
1	8 CAUSE OF	DEATH (Enter onl	y one cause per line	far (a), (b), and (c).) terioscle:						APPROXIMA'	TE INTERVAL
	ART 2 OTNER SIG	NIFICANT CONDITIONS	(c)CONTRIBUTING TO OEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASI	OR CONDITION GI	VEN IN PART 1 a				
FICAT	9a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OF	PERATION W	AS PERFORME	D?			20 AUTOPS	~ ~
0		CAUSE WAS OR IG CAUSE OF E	21b. TIME OF HOUR A.M. DEATH P.M.	MONTH DAY YE		OW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART	YES T	но [⁴
1 6 10											
WED!	Id, INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HOME ORY, FARM, ETC.)		CATION		CITY OR TOWN	cou	YTM	STATE
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WEDIC AS	WHILE AT WORK  220 I certify death resulte	NOT WHILE AT WORK  y that I taak charg d fram: Notur	e af the remains described to the services of	cribed abave, held a	Autap Suicide	y , +  Hamicide  THLE (SPEC	Unde Stant MED	Inquiry	and in my api	5-12-	81.
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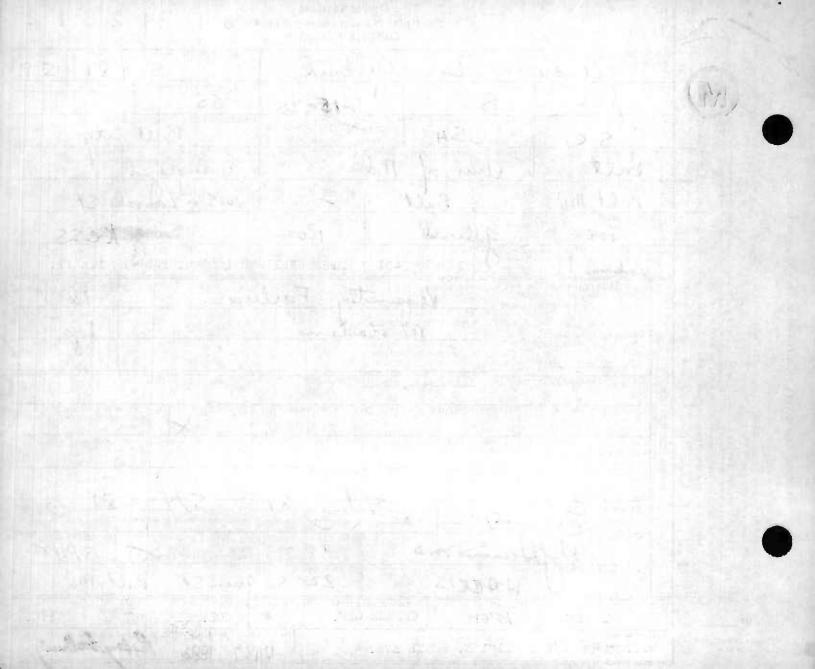
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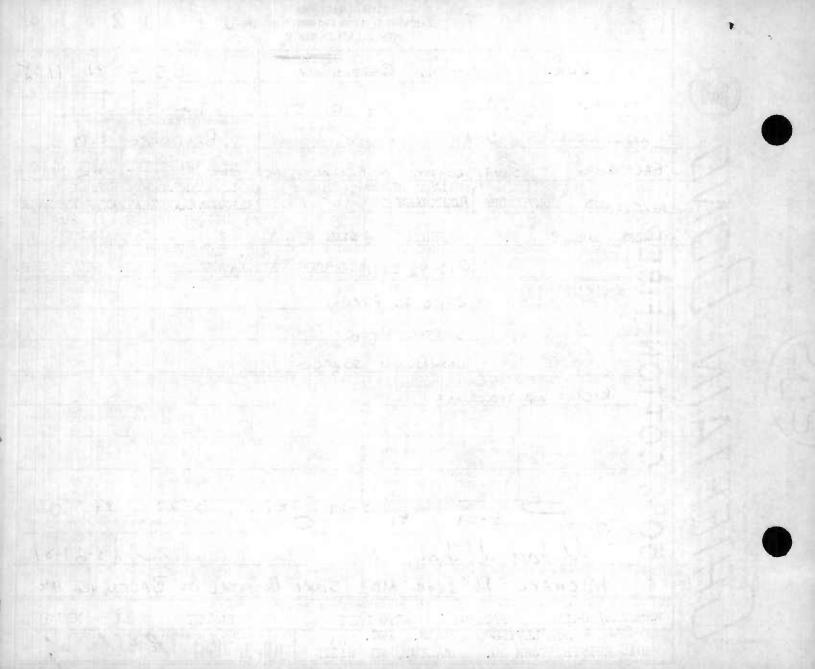
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	12	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 8   REG. NO	1251	2
N	1 7		CEASED NAME OF FIRST ON PRINT)	w L	gi	lliard	20 DATE OF DEATH	S 4 8 1 S	SUR PM
	ge 4 ma	3. SE	M	RACE	5 00	7-15- 25	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR IF UNDER 1 WAYS HOURS	DER 24 HRS
	deoth Po		S. C.	76 CITIZEN OF WHAT COUL	WIDOWI			Salt City	MD.
201	by the filled with		Ball Balt	11. NAME OF HOSPITAL, N (IF NOT INSUCH FACILITY, GIVI	E STREET ADDITIS		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST)	WORKING HIS INDUSTRY	NESS OR
AND 21	in 24 hou y filled in thould be	13a 3	Balt, Md.		RTOWN	13d. INSIDE CITY LIMITS	1005 W C	Swale St	
, MARYLAND	completel ond 2 s		Tol .	MIDDLE gilliai	Q	15 MOTHER'S MAIDEN	MIDDLE	Kess	
BALTIMORE,	ician and creers. Pages of the medical		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIV	Account on the last	30-2431	MARIE GIL		LANVALE 1st f1.	
W. PRESTON ST.,	equires that the death certifical in signed by the attending physical Then please remove carbanpop rito burial, cremation, or remova injury, or other traumatic event,	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	TE CAUSE (0)	ISEQUENCE OF	helima	ERMINAL DISEASE OR COND	DITION GIVEN IN PART 110	
AL RECO	icion.  te hos bee nsit permit giene prio shows ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO		20a. AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES \rightarrow NO	ATH?
DIVISION OF VITAL RECORDS, 201	ENDING PHYSICIAN. of or ottending phys DR. After this certifica ruse as the buriol-troi Health and Mental th is marked or tem 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE AT WORK NOTIFY WHILE AT WORK 22a.1 certify that (1) bhis hosp sow the deceased give or	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)  ital) attended the deceased	19 OFFICE, FARM, ETC.)  from 19	21f LOCATION STREET	CURRED (ENTER NATURE OF INJUR  CITY OR TOV		STATE  (we) lost stoted
	TAL OR ATTI Ay the bospit RAL DIRECTO detoched for tote Dept. of NT: If them 21		22b. SIGNATURE WY	Hansm	D	DEGREE ATTENDIN PHYSICIA			81
	TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		22d. PHYSICIAN'S NAME THE C	HARCEIS		220. ADDRESS 22 S	o green St	Balt ma	
60	BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE 5/9/81	CHURCH		CÖLÜMBIA		S.C.
	DHMH-16 30M 2/80		UNERAL DIRECTOR	1101 F NB	RITH AVE	250.	DATE REC'D. BY REGISTRAR	(5b. RECOTRAR'S SIGNATURE	A.

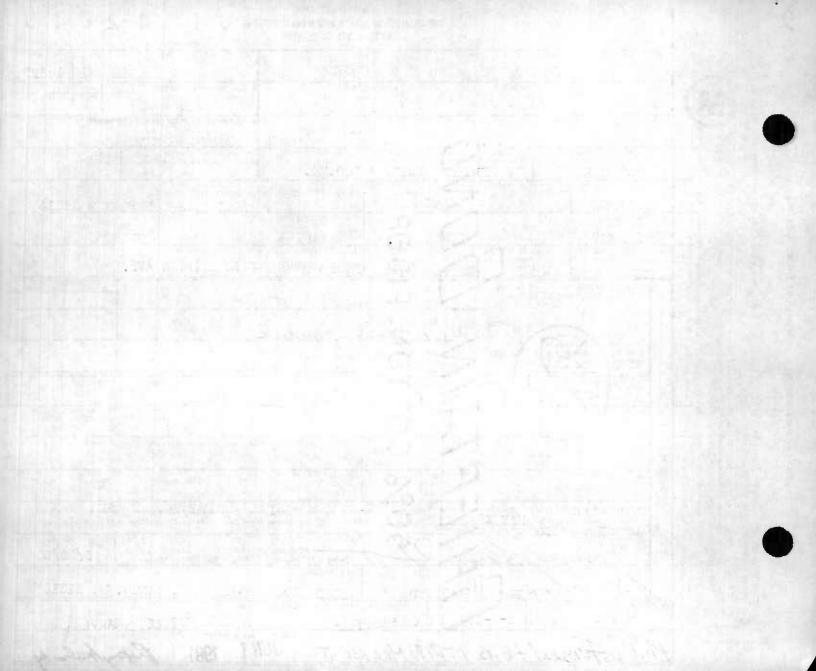




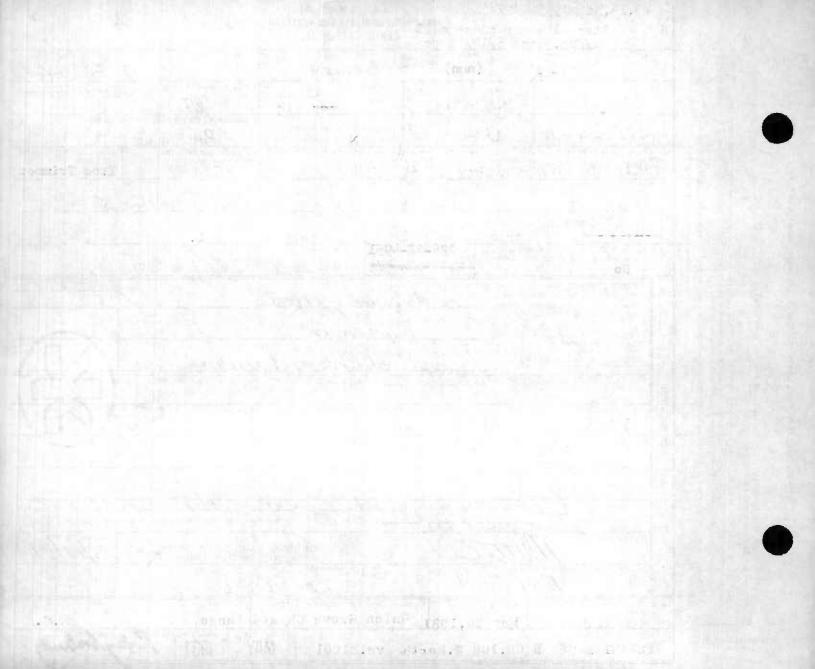
				STATE OF MARYLAND		
3	1.	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2514
BALL	1. DE	CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
m t	[TYP]	Jenapher	Lynne	Glime	May 12, 198	1 2:49pm
m bar de	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ector s afte		Female	Caucasian	Jan 27 1975	6 YRS.	MONTHS DAYS HOURS MIN
hour hour	la. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
dear dear		aryland	U.S.A.	WIDOWED DIVORCED	Baltimore (	City M
by the fu		Saltimore	11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY, GIVE STREET, The Johns Ho	G HOME OR OTHER INSTITUTION NOORESSI PKINS Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Student	12b. KIND OF BUSINESS OF INDUSTRY
filled in uld be fill	USU 13a	AL RESIDENCE (IF NURSING 130 CATC	other institution, give residence before ITY 134. CITY OR TOWN Bethleh	ADMISSION) N 13d. INSIDE CITY LIMITS?  PM YES NO N	13. STREET ADDRESS Bethlehem	Dood
shou shou		ATHER'S NAME		15 MOTHER'S MAIDEN NA		Road
Decorated and the sed		Jack	Glime	Donna	Jean	Smith
T ar T ar med	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	SIIITLI
Pages t, the r	6	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	Jack Gli	me Bethle	hem. Md.
ficat sicia sicia soral.	V	18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and D BY:	Jic'		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g phy n pag rem rem			ECAUSE 10) BRAIN	DEATH		
nding arbo n, or aum		3318	DUE TO, OR AS A CONSEQUE			
atter ve ca ation		Canditians, if any, which	( 16) INTRACRA	NIAL HYPERTENS	IDN, CEREBRAL	EDEMA 12 0
ss that the at lby the at se remove al, cremati, or other		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE			
n signed hen plea to buri y injury	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 1(a)
N: The law ste has bee permit. Ti giene prior 8 shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
PHYSICIAN: g physician. his certificat urial-transit p Mental Hygis		21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)			RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
trending properties of the purity of the pur	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or at or at OR: Se as Jealt T is		22a I certify that (1) (this haspit	tal) attended the deceased fram_	APRIL 29 19 81	10 MAY 12	, 19, that (I) (we) las
ATT of b		saw the deceased alive an abave, (1) (we) (did) (did no		and that in (my) (our) apinian	death accurred an the date and ho	our and from the causes stated
LOR ATTEN hospital or a DIRECTOR: hed for use a Dept. of Heal		226. SIGNATURE	0	DEGREE		22c. DATE SIGNED
he e (e (T:		transe C.	Dackgen	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/12/81
TO HOSPITAL Cretained by the h	١.	THE PHYSICIAN'S NAME ITYPE OF	V	22e ADDRESS		
O FL could ith ti		JOANNE	E. BACKOF	EN JOHNS	HOPKINS A	OSPITHL
F F F & S	23a	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	234. LOCATION	_ COUNTY • STATE
BP		Burial	5-16-81 Н	ill Crest Cemet	ery Federals	irgline Md
DHMH-16 25M	24. F	UNERAL DIRECTOR	ADDRESS		E REC'D BY REGISTRAR 25% REGIS	
(VRA 15, 4) 1/79	1	Jewnam Funera		ston Md	1991	

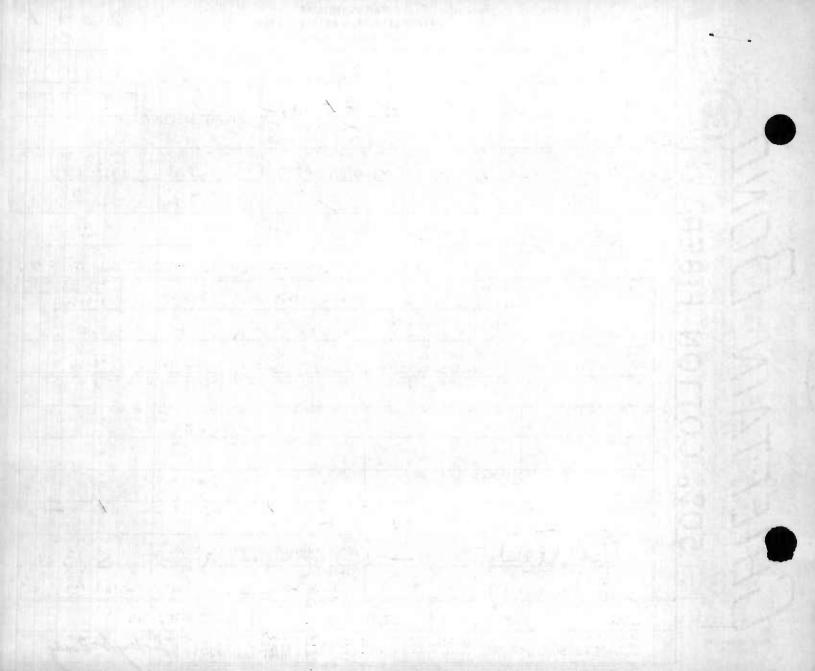
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	1	FOR			STATE OF MARYLAND T OF HEALTH AND MENTAL H	VOIENE 8	12511
	1	STATE REGISTRAR			RTIFICATE OF DEATH	REG. NO.	1 6.0 % 1
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MC	INTH DAY YEAR 26. HOUR
page 3		* 44 JO	SHUA		GLOVER		5 29 81 1:19
you ,	3. SE	(	1. RACE	5. [	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS BAYS HOURS
Poge 4 m		MALE	BLACK		2 3 25	56	YRS.
0 0		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR	OUNTY OF DEATH
death.		LTIMORE	U.S.A.		DOWED DIVORCED	BALTIMORE	CITY
wit with	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS
2 2 2 2 2 2 2 2 2	_	BALTIMORE			R BALTO.MD.		
filled in ould be f	13a. S	AL RESIDENCE (IF NURSING HON TATE 13b. CO	DUNTY 13c.	RESIDENCE BEFORE ADM CITY OR TOWN ALT IMORE	13d. INSIDE CITY LIMITS?		NT STREET 21216
= >= ====	_	THER'S NAME			15. MOTHER'S MAIDEN N		NI DINEBI ZIZIO
mpletel ond 2		FIRST	WIDDLE	LAST OT	FIRST	WIDDIE	LAST
5 0	1	JOSHUA	02.	OVER SR.	SADIE	ADDRESS	UNKNOWN
e execu	1		, GIVE WAR OR DATES)	SOCIAL SECURITY			AVE.
e b					<u> </u>		APPROXIMATE INTERVA BETWEEN ONSET AND DE
certificating physical reports of removal		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	DIATE CAUSE (a) CG	rais vuli	nonan areis		BETWEEN ONSET AND DE
death offend ove co fion, o		Conditions, if ony, which	. 11	A CONSEQUENCE	and Sunday		
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ot se ot		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE	minter language	0100	10 11 V 13 2 2 2 1
sed the pleo		PART 2 OTHER SIGNIFICAL	AT CONDITIONS CONTR	IBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)
quir sign hen to bi	NO	Serve	11 1	5 F. J	re/ Pancrea	1 - ha	ON OWEN BY LAKE 110.
ow re been mit. I prior ony ir	CERTIFICATION	190. DATE OF OPERATION	The state of the s	FOR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY? 2	06. IF YES, WERE FINDINGS USED
n. ne pern	문					1	N CERTIFYING CAUSES OF DEATH
The hasit	- 12	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	HIDV	121, HOW IN IUDY OCCI	VES NO S	
PHYSICIAN: The Intending physicion. This certificate has he burial-transit per and Mental Hygiene and Mental Hygiene.		OR CONTRIBUTING CAUSE OF		MONTH DAY	YEAR THE WINDOW OCC	URKED (ENTER NATURE OF INJURY II	THEM IS PART   OR PART 2)
Sicol ng Indiana	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19		
PHYS ending this of e bur ed Me	9	21d. INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, I	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
(3 + 5 + 0 3	2	WHILE NOT WHILE AT WORK					
		220.1 certify that X (this h	ospital) attended the dec	eased from MA	Y 21. 19 81	10 MAY 29	, 19.81 , that Xi (we
TEN TOR		saw the deceased alive	an MAY 29.	19.81		an death occurred on the date	and hour and from the causes state
AT A		77b SIG 4 TUPE	(not) view the bady ofter	death.	DEGREE		226. DATE SIGNED
OR ATTE OR ATTE DIRECTO oched for Dept. of If them 21		1/	/	CY/	ATTENDING	MEDICAL STAFF	
TAL O y the RAL DI detack detack tate De		yeny-	Show	54	PHYSICIAN		NEX 5/29/81
HOSPITAL ned by t FUNERAL Juld be det on the Stote		THE PHYSICIAN'S NAME IS	PE CREMENTS		22e ADDRESS		
		1 JERRYS	enson Hu	T ma	3900 LOCE	H RAVEN BLVD.	BALTO.MD. 21218
of of short of the	236	SURIAL CREMATION REMOVE	AL 23b. DATE	23c NAM	E OF CEMETERY OR CREMATOR	Y 23d LOCATION	
11700	1	SURIAL, CREMATION, REMOVE SPEBURIAL	6-5-81			CITY OF TOWN	COUNTY STAT
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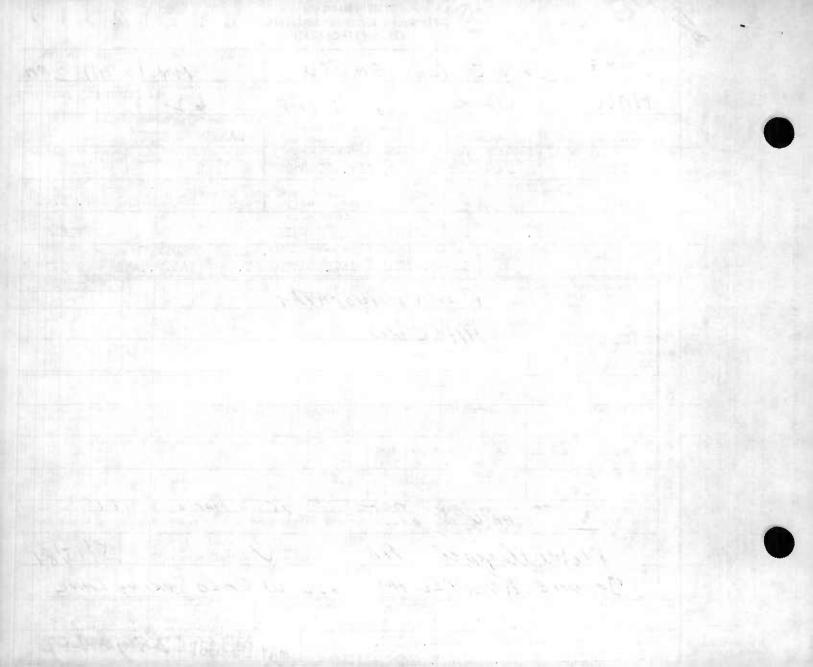
DHMH-16 25M

VRA 15, 4) 1/79

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

FOR - STATE REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) GOLDRING 3 SEX 4 RACE 5 DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male 15 95 Black 85 JE BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY Md. USA WIDOWED DIVORCED BALTIMORE CITY ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTTMORE UNION MEMORIAL HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE md 136 COUNTY 134 INSIDE CITY LIMITS? 2205 Alken Street YES T NO T 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME James Goldring Lottie MIDDLE Butler **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 214-30-1350 Evelyn Goldring 2205 Aiken St. APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I, DEATH WAS CAUSED BY 40 6205 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which nemig gave rise to immediate cause (a), stating the underlying cause Cancer PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO IT YES [ 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE AT WORK NOT WHILE 270 I certify that (1) (this haspital pattended the deceased from. 81 19 8/\_, that (1) (e) last 19\_8 [ and that in (my) @ur)opinion death occurred an the date and haur and from the causes stated saw the deceased alive an 5/14/2( abave, (1) (we) (did (did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED Bashheri M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS M. Fishbein David UNION MEMORIAL HOSPITAL 23a. BURIAL, CREMATION, REMOVAL 73c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Burial CITY OR TOWN STATE 5/17/81 Baltimore Cem Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. RECOM Wm C. March F/H 1101 E. North Ave

I.C



- STATE

REGISTRAR

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO 2n DATE OF DEATH 7h HOUR MAY 10. 1981 6:30 am 6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE HOME 13e. STREET ADDRESS 1211 WEST NORTHERN PARKWAY MIDDLE KATHERINE UNKNOWN 1211 West Northern Parkway MICHAEL ANTHONY DOMINIC GONZALEZ

STATE

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY

\_\_, and that in (py) (aur) apinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN

3506 NORTH CALVERT STREET 23d LOCATION

CATONSVILLE MARYLAND CREMATION 5/11/81 WESTVIEW CEMETERY

24. FUNERAL PIEROS M. & RUSSELL C. WITZKE FUNERAL HOMES. DATE REC'D. BY REGISTRAR 25 NEGISTRAR'S SIGNATURE 1630 EDMONDSON AVE. CATONSVILLE MARYLAND 2122

DHMH-16 30M 2/80 (VRA 15, 4)

ACCOUNT OF YOU AND ADDRESS OF THE OWNER. ENGLISH STATE SECTION And the state of t Date of the state The property of the contract of the state of

	1-	STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO	0.	2 3	4
		CEASED NAME SAN	IDRA Rose	600D	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 745PM
-	3. SEX	9	1. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN
	C	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIE		BALTIMORE CITY O	to C	cty	MD
2		Butto	11. NAME OF HOSPITAL, NO (IF NOT IN SUCH FACILITY, GIVE:	STREET ADDRESS) /	or other institution	(TYPE OF WORK FOR MOST O Computer C	F WORKING LIFE)	INDUSTRY	Gov't.
1	13a. S	md to			13d INSIDE CITY LIMITS? YES NO		wither.	n au	e
2	14 FA	THER'S NAME Frank	MIDDLE Small		15. MOTHER'S MAIDEN NAME PIRST ROSE	WE		EAST	
		VAS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL EWAR OR DATES)	Z/8 34	17. INFORMANT 4/57 G	ADDRE eorge E. Go		e as 1	L3e
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	D BY. E CAUSE (o)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EQUENCE OF	ovarian	Ca			MATE INTERVAL INSET AND DEATH
-	CERTIFICATION	PART 2: OTHER SIGNIFICANT C	196. CONDITION FOR W			200 AUTOPSY?  YES NO NO	20b. IF YES, WIN CERTIFYIN	ERE FINDIN	IGS USED
	CAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 211 LOCATION STREET CITY OR TOWN			PART 1 OR PART 2)  COUNTY STATE	
		WHILE AT WORK  22a Certify that (1) (this hospit sow the decosed alive on above, (1) (we) (did) (did not some things).	5/8	19 57 , 01	nd that in (my) (our) opinion	deoth occurred on the de	, 19a	nd from the	
		276. SIGNATURE	- 91	161	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR   PHYSIC		5/11/	

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any

23d BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 23b. DATE 5/13/1981 23c. NAME OF CEMETERY OR CREMATORY Green Mount Crematory

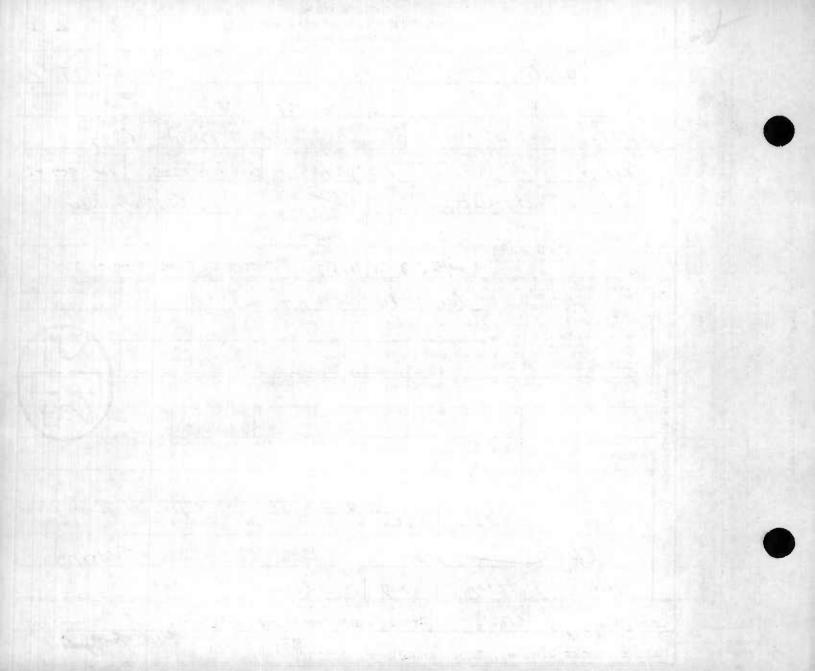
23d LOCATION
CITY OF TOWN
Baltimore

Maryland COUNTY

14 FUNERAL DIRECTOR

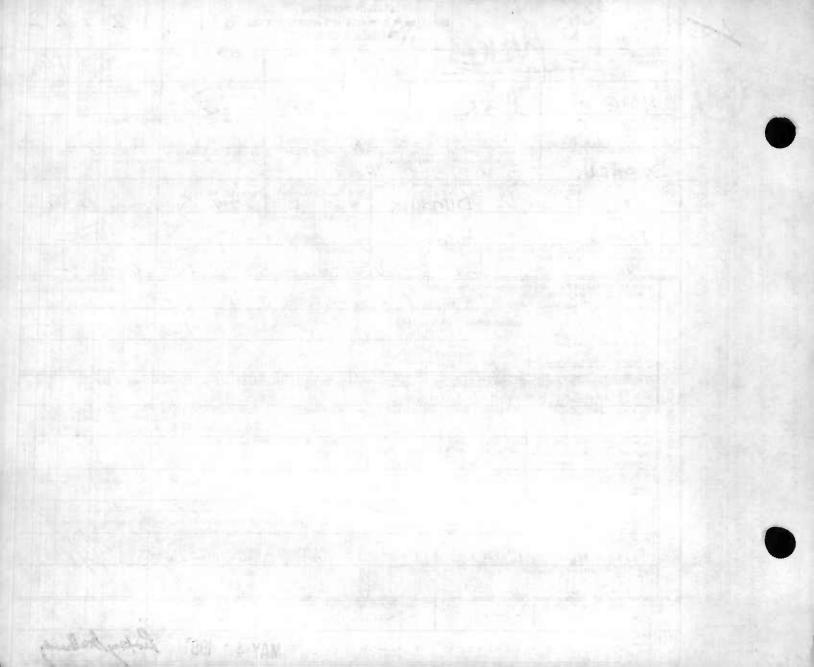
NAME
Walter Brooks Bradley, Inc. Dundalk Md

21222



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HDSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The famous inded by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer is writhin 12 huld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hundles he the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	HDSPITAL OF ATT	FUNERAL DIRECTIVITY build be detached for until the State Dept. of h

-	FOR STATE REGISTR	AR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	O.		
	DECEASED N	AME FIRST	MIDDLE		LAST L	20 DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR
	YPE OR PRINT)	Jan	es E.	GI	oode	LANCE STATE	5 3	81 4	121
3.5	SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	mont)		UNDER 2
	MAL	E	BIACK	MONT 5		102	YRS.	S DAYS HO	OURS !
	BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED	9 BALTIMORE CITY C		EATH	
203	COUNTRY	Ua	USA	WIDOW	-	Raito.	Cty		
The same of the sa	CITY OR TO	WN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BU	JSINES
3	Dun	dadk 1	Bn Ho.	City	Hasp.			D031K1	
E JUS	SUAL RESIDE	VCE I IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDE	OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	THE LANGE	118/40	-
\$27	^	a la	101/10 Du	ndalk	YES NO	2714 S	rarrow	s Ft.	KC
0)	FATHER'S N.		AIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		t a LAST	
medical life		mas	(200	de	Margare			Moore	omio .
H 160	WAS DECE	ASED EVER IN U.S. ARA	MED FORCES? 166 SOC WAR OR DATES)	IAL SECURITY NO	17 INFORMANT	ADDR	ESS	in.	
, the	N	2	216-	-10-4210	James A. C	norde 27	16 Spar	VOW PJ	<u></u>
even	II CAUS	E OF DEATH (Enter onl. DEATH WAS CAUSE	ly one couse per line for (a	), (b), and (c).	,		-	APPROXIMATE SETWEEN ONSET	INTERV
atic	PARI		E CAUSE (o) Car	1 chorespi	ratory argust			secs.	
шпе	14:	3/20	DUE TO, OR AS A CO	NSEQUENCE OF	, 0		17.0	1	.0
tr tr		ns, if ony, which	(b) . (d	Dsided O	WA.			Lmin	1HC
r oth	cause	se to immediate	DUE TO, OR AS A CO	NSEQUENCE OF					
Š.	underly	ng cause lost.	(c)	141317					
200		THER SIGNIFICANT	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(a)	
- 7	6		SPUMMON DALUMMIU.						
any it	6	meated p	Shill benefit of the	COLLINST CO.			View to the same and the		
Jows any it	190 DATE	OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WER	CAUSES OF E	USED
18 shows any in	190 DATE			WHICH OPERATIO		YES NO	IN CERTIFYING YES	CAUSES OF I	USED DE ATI
CERTIFICATION	00.000.00	ENT WAS UNDERLYING	216. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING YES	CAUSES OF I	DEAT
as 11	00.000.00	DENT WAS UNDERLYING BUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING YES	CAUSES OF I	DEAT
1 6 E	OR CONTR I FEITHER, 21d INJU	DENT WAS UNDERLYING BUTING CAUSE OF DEA NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY THE HOUR A.M. MON	NTH DAY YEAR 19		YES NO	IN CERTIFYING YES RY IN ITEM 18, PART 1 0	CAUSES OF I	DEATH
40 A A	OR CONTR	DENT WAS UNDERLYING COMBUTING CAUSE OF DEA NOTIFY MEDICAL EXAMINER)  RY OCCURRED  NOT WHILE AT WORK	TH HOUR A.M. MON P.M.  21a PLACE OF INJURY 1 AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING YES RY IN ITEM 18, PART 1 0	CAUSES OF I	DEATI
5 A.	OR CONTR JIF EITHER, 21d INJU WHILE AT WORK	DENT WAS UNDERLYING	TH HOUR A.M. MON P.M.  21a PLACE OF INJURY 1 AT HOME, STREET, FACTOR	NTH DAY YEAR  19 Y Y, OFFICE, FARM, ETC.)  d from MINICE	21c. HOW INJURY OCCUR 211 LOCATION STREET  A4 31 19	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O	CAUSES OF I	ST.
40 A A	OR CONTR JIF EITHER, 21d INJU WHILE AT WORK 220.1 cert sow obov	DENT WAS UNDERLYING CHEMITING CAUSE OF DEA NOTHY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK AT WORK ify that (1) (this hospit the deceosed alive on, e. (1) (we) (did) (did on, e. (1) (we) (did) (did on,	TH HOUR A.M. MON P.M.  21a PLACE OF INJURY 1 AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from HAM	211 LOCATION STREET  19 31 19 31 nd that in (my (our) opinion	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WN CC  19 ote ond hour ond	CAUSES OF I	ST.
5 A.	OR CONTR JIF EITHER, 21d INJU WHILE AT WORK	DENT WAS UNDERLYING CHEMITING CAUSE OF DEA NOTHY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK AT WORK ify that (1) (this hospit the deceosed alive on, e. (1) (we) (did) (did on, e. (1) (we) (did) (did on,	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJUR:  AT HOME, STREET, FACTOR	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from HAM	211 LOCATION STREET  19 And that in (my (our) opinion DEGREE	YES NO CITY OR TO:	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WH CC  ate and hour and	CAUSES OF I	ST/
NT: If Item 21 is marked or Iter	OR CONTR JIF EITHER. 21d INJU WHILE AT WORK 220-1 cert SOW Obo	ENT WAS UNDERLYING CAUSE OF DEA NOTIFY MEDICAL EXAMINER) RY OCCURRED AT WORK  AT WORK  ify that (I) (this hospit the deceased alive on, e. (I) (we) (did) (did not ATURE)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJUR:  AT HOME, STREET, FACTOR     View the body ofter deat	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from HAM	211. HOW INJURY OCCUR 211. LOCATION STREET  At 31 19 19 19 19 19 19 19 19 19 19 19 19 19	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WN CO ate and hour and	CAUSES OF I	ST/
ANT: If Item 21 is marked or Iter	OR CONTR JIF EITHER. 21d INJU WHILE AT WORK 220-1 cert SOW Obo	DENT WAS UNDERLYING CHEMITING CAUSE OF DEA NOTHY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK AT WORK ify that (1) (this hospit the deceosed alive on, e. (1) (we) (did) (did on, e. (1) (we) (did) (did on,	21b. TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJUR:  AT HOME, STREET, FACTOR     View the body ofter deat	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from HAM	21c. HOW INJURY OCCUR  211 LOCATION STREET  19  Ind that in (my (our) opinion DEGREE  ATTENDING	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WN CO ate and hour and	CAUSES OF I	ST.
ANT: If Item 21 is marked or Iter	OR CONTR JIF EITHER. 21d INJU WHILE AT WORK 220-1 cert SOW Obo	ENT WAS UNDERLYING CAUSE OF DEA NOTIFY MEDICAL EXAMINER) RY OCCURRED AT WORK  AT WORK  ify that (I) (this hospit the deceased alive on, e. (I) (we) (did) (did not ATURE)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJUR:  AT HOME, STREET, FACTOR     View the body ofter deat	NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from HAM	211. HOW INJURY OCCUR 211. LOCATION STREET  At 31 19 19 19 19 19 19 19 19 19 19 19 19 19	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WN CO ate and hour and	CAUSES OF IN	ST.
MPORTANT: If Item 21 is marked or Item  MEDICAL	OR CONTROL  JIF EITHER  JIF EITHER  AT WORK  220.1 cert  Sow  oboo  226.5 IGN  224. PHYS	EMATION REMOVAL	TH HOUR A.M. MOP P.M.  21a PLACE OF INJURY 1 AT HOME, STREET, FACTOR  101) Offended the deceose The street of the	NTH DAY YEAR 19 Y, OFFICE, FARM, ETC.) d from HANG th. 19 31, o	211. HOW INJURY OCCUR 211. LOCATION STREET  At 31 19 19 19 19 19 19 19 19 19 19 19 19 19	YES NO CITY OR TO	IN CERTIFYING YES  RY IN ITEM 18, PART I O  WN CO ate and hour and	CAUSES OF IN	ST.



18 7 - 2 CHARLES AND AND CONTRACT OF STATE OF ST B. Son Halland

0	1	3	1-	FOR STATE REGISTRAR		D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		2 5	2 4
all all	ge 3			CEASED NAME OR PRINT)	ROSE	Middle Gant	GC	ODS ON	REG. NO.  20 DATE OF DEATH MONTH  MAY 3, 1981	DAY YEAR	26 HOUR 8:25PJ
U	ector, pagers after d		3. SE)	Fema		RACE black	5. DATE	OF BIRTH  OAY  1 OO61	6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	death Pa uneral dir	77	Bat	RTHPLACE (STATE O	S, C,	USA	MARRI	DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE C	NTY OF DEATH	MD
201	by the filled with	Seife S		TY OR TOWN OF DI Balto			HOPKIN	S HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND ( INDUSTRY	OF BUSINESS OR
AND ST.	in 24 hou y filled in should be	35	13a. S	AL RESIDENCE (IF NU TATE  Md THER'S NAME	13b COUNT			13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1027 E. Bide	dle Str	eet
PAKK		\$ 00 mg	An	FIRST  OS  /AS DECEASED EVE		Gan		15. MOTHER'S MAIDEN NA FIRST Mary 17. INFORMANT	ME MIDDLE ADDRESS	Wis	
HARDRING ST. S.	ည စီး	he medic		ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES) 250	14-0840		N 1027 E. BIDDI		21202
FILFORSFAREORDS YON THERD BY ALTHOR PAKAGNO 975. THE MEDICAL EXAMINER'S OFFICE	Dot the don certificate Do D	r other troumotic event,		PART I. DEATH  Conditions, if on gove rise to in cause (a), statunderlying cousting court of the	WAS CAUSED  IMMEDIATE  y, which  mediote  ing the	1. 6 .	NSEQUENCE OF	nonary	arrest	11 1000	KIMATE INTERVAL ONSET AND DEATH
Bess NS	requires een signe it. Then pl	y injury, o	TION	PART 2 OTHER SIG	mul	tiple pul	mona	us embol	INAL DISEASE OR CONDITION		1648
FAPRE MEI	i. The low sician. The hos be not perm ygiene pr	shows or	CERTIFICATION	210. ACCIDENT WAS U		196 CONDITION FOR	WHICH OPERATIO			YES, WERE FINDING CAUSES YES 705	OF DEATH?
WELFARS STATE	G PHYSICIAN attending phy er this certifics the burial-tro	ked or them 18	MEDICAL C	OR CONTRIBUTING [ (IF EITHER NOTIFY MEI 21d INJURY OCCU	CAUSE OF DEATH	110110 1 11 11011	19		CHYORTOWN		STATE
-6 -6	haspitol or IRECTOR: Afted for use a Realth eath.	ltem 21 is mor	100	220 I certify that (	this hospita	view the body other death	10 81	nd that in (my) (pur) opinion DECKEE	deoth occurred on the date and l		
	to HOSPITAL O etained by the TO FUNERAL Dishould be detact with the State Do	MPORTANT: IF		22d. PHYSICIAN	AME (TYPE OR	2 MIN	Juna M	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	5/	3/8/ Bulto
100	BP OF Short	IMP		URIAL, CREMATION  OPECIFY)  BURI		23b. DATE 5/8/81	23c NAME OF C	EMETERY OR CREMATORY CEM.	23d LOCATION CITY OF TOWN BALT IMORE	COUNTY	MD. STATE
	DHMH - 16 50M 1 (VRA 15, 4)			C. MARCH	F/H	1101 E. N	ÖŘŤH AVE.	25a. DAT	E REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNAT	20117

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